

CITY OF NEWARK  
KENNETH A. GIBSON, MAYOR



DEPARTMENT OF  
HEALTH AND WELFARE

1973 ANNUAL REPORT

JAMES A. BUFORD, DIRECTOR  
ROOM 210, CITY HALL  
NEWARK, NEW JERSEY

KENNETH A. GIBSON  
MAYOR, CITY OF NEWARK, NEW JERSEY

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BUSINESS ADMINISTRATOR



**CITY OF NEWARK, NEW JERSEY**  
**KENNETH A. GIBSON, MAYOR**

William Walls  
BUSINESS ADMINISTRATOR

JAMES A. BUFORD, M.P.H., Director  
DEPARTMENT OF HEALTH AND WELFARE  
CITY HALL  
NEWARK, NEW JERSEY 07102

February  
11th  
1974

Honorable Kenneth A. Gibson &  
Newark Municipal Council  
City Hall  
Newark, New Jersey

Dear Sirs:

Enclosed is the 1973 Annual Report for the Department of Health and Welfare pursuant to City Code 2:4-1 and State Statute 40:187-5.

The current report is respectfully submitted with the request that cognizance be taken of accomplishments, important developments and the future direction of the Department. Substantial progress has been made and this Report provides a timely opportunity to demonstrate the incorporation of programmatic and administrative changes that have been implemented.

For the most part, this report describes progress and experiences during the past 12 months. This period encompassed the time-consuming process of initiating organizational changes assembling key staff, and developing Department guidelines and directions.

These tasks have been accomplished with reasonable dispatch. However, the period of actual operations has limited the drawing of firm conclusions.

On the other hand, the general shape and direction of the Department has clearly emerged during this period. The critical issues emanating from problem analysis and community study have also been brought into sharper focus.

The essence of this Annual Report, I am pleased to note, is that the Department has made substantial and impressive progress. The task ahead is to bring to fruition a Department designed to advance the effectiveness and quality of services available to the residents of Newark.

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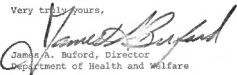
February 11, 1974

Honorable Kenneth A. Gibson &  
Newark Municipal Council

Looking to the future, the single most important condition for further progress is to sustain the enthusiasm, vigor and cooperative spirit of the staff.

If this condition is met and our potential is realized, the Department will move forward - residents will receive the care and services they need more promptly and more efficiently.

Very truly yours,



James A. Buford, Director  
Department of Health and Welfare

JAB:rc

NEWARK DEPARTMENT OF HEALTH AND WELFARE

1973 ANNUAL REPORT

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## INTRODUCTION

The nature of the Department of Health and Welfare is uniquely dynamic. The number, size, finances, and funding sources of services and programs being administered changes considerably over time. The Department must have an organizational structure which is appropriately flexible to meet the needs developing from these changes and to avoid various administrative difficulties.

The major thrust of the Department is to review the current organizational structure and introduce revisions to satisfy changing needs. To reorganize the Department of Health and Welfare in an effort to more effectively discharge statutory requirements and to accommodate new and expanded projects is a priority concern and goal.

Given a specific line of authority and a distinct assignment of responsibility, the Director with the cooperation and assistance of the division and project directors must create a mode of management. The basic aspect of this approach includes the delegation of authority, a procedure for establishing goals, a procedure for reaching decisions and a plan to communicate. Effective implementation of this approach will result in a dynamic, flexible, responsive, spirited and productive professional management team.

The organizational structure reflects the Director's preference for delegating responsibility to a broad and strong management team for the purpose of administering the internal and external affairs of the Department.

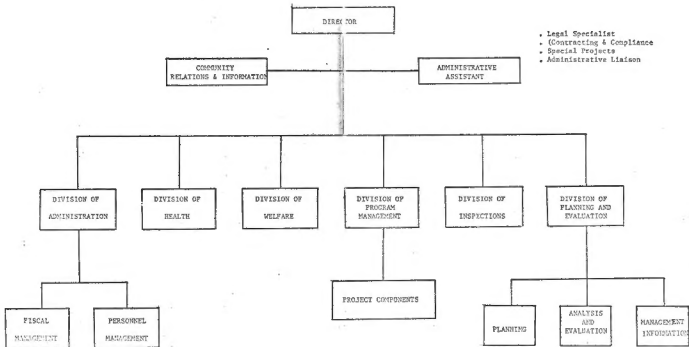


Such an organizational approach is essential to the effective, productive administration of any large, complex organization requiring the application of a broad spectrum of highly technical programs.

The Departmental organization plan is simple and can contribute to better planning, greater flexibility, more informal decisions and puts the responsibility and authority for decision-making closer in each case to the scene of the problem where complete understanding and prompt action are possible.

Our approach to management is indeed sound, functional and minimizes duplication, fragmentation and unnecessary overlaps, while simultaneously providing for more efficient utilization of existing staff.

ORGANIZATION FOR ADMINISTRATION  
OF THE  
DEPARTMENT OF HEALTH AND WELFARE



## FUTURE DIRECTION

### INTEGRATED SERVICES DELIVERY SYSTEM

Recently, a number of important changes have been proposed in order to improve the delivery of health and social services in urban areas. These changes are characterized by the proposed Allied Services Act which would enable the Department of Health, Education and Welfare to relax the restrictive categorical grant program guidelines and to encourage local governments to develop "allied service plans". More specifically, DHEW is encouraging the concept of "integrated services" to describe their procedures for overcoming, through reforms at the service delivery level, the inefficiencies and ineffectiveness associated with the presently fragmented categorical program approach.

The concept of integrated services is an attempt to overcome the following problems: (1) a presently fragmented service delivery system that does not meet the multiple needs of people; (2) a lack of common goals, common service areas or common planning processes designed to remove people from dependency; (3) an inefficient, confusing and duplicative system; (4) lack of accountability; and (5) a difficult burden on the client to navigate through the system.

The Allied Services Act is a proposal in which local government has a large stake; and integrated services is a concept through which the Department of Health and Welfare can achieve its full potential of planning for and providing human services.

Objectives

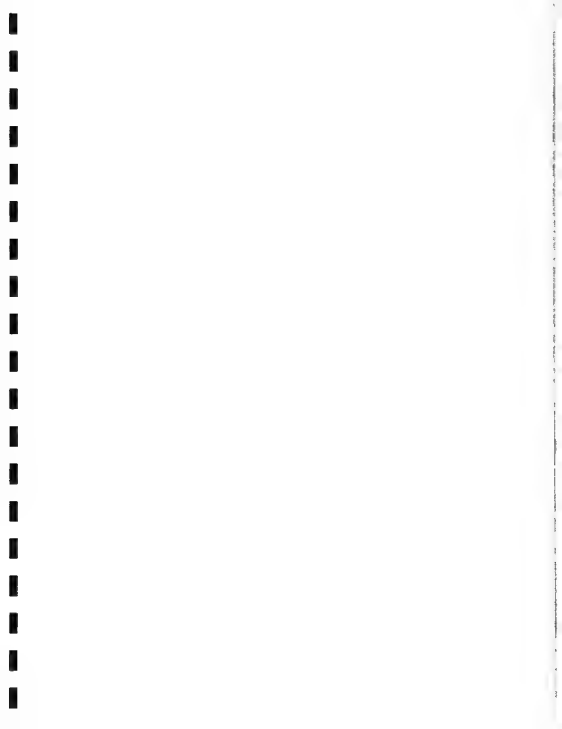
In order to accomplish an integration of services, even partially, we must (a) select the initial group of services to be integrated; (b) develop the capacity for joint planning on the part of service providers whose functions are to be integrated; (c) create a mechanism for coordinating the role of the providers; and (d) implement a process that will eventually lead to a degree of centralized management.

The integrated services system should be effective in the following ways: (1) improve accessibility -- i.e. the ease with which the client can initially enter the service delivery system; (2) establish continuity -- i.e. the ability of a multi-problem individual or family to move through the service delivery system in order to receive the necessary range of services, (3) shift the burden of navigation through the system from the client to the service providers; (4) improve convenience for the client through consolidation and simplification of forms and procedures; and (5) increase efficiency by reducing duplication, developing economies of scale and broadening the impact on problem resolution.

Recognizing the potential for an integrated services system, the Department has embarked on a limited, but practical application of the concept.

The concept of "integrated services" holds great potential for Newark, especially as it relates to the Department of Health, Education and Welfare's proposed Allied Services Act and to the prospect of special revenue sharing funds for Newark.

"Integrated services" can be an important force in achieving better delivery of health and social services, and may be a critical factor in the City's ability to serve its residents adequately.



DIVISION OF HEALTH

1. Health Officer's Report
2. Contagious Disease Control Bureau
3. Venereal Disease Control Bureau
4. Child Hygiene Bureau
5. Public Health Nursing Bureau
6. Chest Control Bureau
7. Dental Health Bureau
8. Medical Evaluation Center
9. Dog Control Bureau
10. Food, Drug & Meat Protection Bureau
11. Administrative Bureau
12. Vital Statistics Bureau
13. Public Health Laboratories Bureau
14. Health Education Bureau
15. Nutrition Services Bureau

DEPARTMENT OF HEALTH & WELFARE

James A. Buford, Director

DIVISION OF HEALTH  
Newark, New Jersey

Health Officer, Aaron Haskins, M.D.

Assistant Health Officer, M. Fratanuto, M.D.

Assistant Health Officer, Carl Cordasco, B.S., Ph.G.

ADMINISTRATION

AUDIO-VISUAL AIDS

VITAL STATISTICS

PUBLIC HEALTH LABORATORIES

Serological

Chemical

Bacteriological

Michael J. Fratanuto, M.D., Acting Director

Wesley D. Jones, Supervisor

Nathan Hershkowitz, Supervisor

Frank Ciasulli, Chief Supervisor

Frank Ciasulli, Chief Serologist

Sara Rothberg, B.A., Chief Chemist

Guido Petrucci, B.A., Chief Bacteriologist

CHILD HYGIENE - William Spinoso, M.D.

CHEST DISEASES - John H. Alcano, M.D.

VENEREAL DISEASE - Nicholas DelDeo, M.D.

PAROCHIAL SCHOOLS - M.J. Fratanuto, M.D.

DISPENSARY - M.J. Fratanuto, M.D.

DENTAL - Alan Gale, D.D.S.

CONTAGION - M.J. Fratanuto, M.D.

PHARMACY - Samuel Talpins

LEAD POISON CONTROL

CONTAGION

FOOD & DRUG, MEAT

Clarence Parker

Alfred Giordano

Michael Carson

PUBLIC HEALTH NURSING SERVICE

Petrina Livecchi, R.N., B.S., M.S.



## HEALTH OFFICER'S REPORT - 1973

Newark, New Jersey

TO: Hon. Kenneth A. Gibson, Mayor - Members of the City Council - Director  
James A. Buford and citizens of Newark, New Jersey

### GENERAL MORTALITY

The adjusted general mortality rate has increased from 10.3 per thousand deaths in 1972 to 10.5 per thousand deaths in 1973, based on an estimated population of 380,000.

### INFANT MORTALITY

Infant mortality showed an increase to 23.9 from 22.6 in 1972 among Newark residents. In view of the fact that most the deaths were in the first few days of life, mainly from congenital defects or malformation among premature infants, brings out the importance of proper pre-natal care to decrease the infant mortality rate.

The lack of pre-natal care, the high rate of illegitimate births and the high rate of teenage pregnancies are factors which must be given a greater emphasis.

### VENEREAL DISEASES

The venereal disease clinic was moved to 77 Arlington Street in October 1973. The first floor of the Arlington Street building was completely renovated, allowing for increased facilities and more efficient operation.

Our venereal diseases program continued its intensive case-finding for gonorrhea and syphilis and bringing patients in for definitive diagnosis and treatment.

There were 382 cases of primary and secondary syphilis reported in 1973, as compares to 402 cases in 1972. The incidence of early-latent syphilis showed a slight decrease from 216 cases in 1972 compared to 207 reported in 1973.

Due to an improvement and change in the reporting of cases of gonorrhea, figures comparing 1972 to 1973 are not valid for statistical purposes. Males and females reported in the past for prophylactic treatment were also included in the total number of gonorrhea cases reported.

The figures for gonorrhea in 1973 are as follows:

Health Officer's Report  
Page 2

- (1) Total number of males seen in the clinic totaled 6518.
  - a. 3,052 had positive smears for gonorrhea and received treatments.
  - b. 921 were clinically positive and received treatments.
  - c. 1,915 were treated for non-specific urethritis.
- (2) Total number of females seen in the clinic totaled 3028.
  - a. Total female cultures taken were 2,151 of which 776 were positive for gonorrhea and treated.
  - b. 1,086 females were treated prophylactically.

HEART DISEASE

The major cause of mortality is organic heart disease with 1,660 deaths in 1973 compared to 1,532 deaths in 1972. Much of the increase in recent years is due to the increased life span.

MEDICAL CARE OF THE SICK

The Newark City Dispensary provides medical care to patients on City Welfare and the medically indigent. In addition to diagnostic procedures, medications are prescribed and prescriptions are filled in the Dispensary Pharmacy. Treatments are provided in the various therapeutic clinics.

In 1973 a total of 3,490 patients made 19,169 visits to the therapeutic clinics in the City Dispensary. In addition a total of 1,589 patients made visits to additional services, including screening programs for lead poisoning, Pap smears, diabetic detection, domestic license applicants and new employees.

The City Dispensary Pharmacy dispensed 55,283 prescriptions for the year of 1973, as compared to 49,030 in 1972, a total increase of 6,253.

HEPATITIS (Serum and Infectious)

There were 166 cases in 1973 as compared to 297 cases in 1972, a dramatic decrease of 44%.

TYPHOID FEVER

For the first time in nine years there was no reported cases of this serious disease in the City of Newark.

### BIRTH STATISTICS

There was an appreciable decrease in the number of births in 1973 - 6,820 as compared to 7,582 in 1972, with a crude birth rate of 17.9 per thousand.

Although more of a social than a public health problem, the rate of births out-of-wedlock is startling. Of the 3,089 births out-of-wedlock, 2,924 were Newark babies, which means that of the 6,820 Newark babies, over 40.4 per thousand live births were reported as births out-of-wedlock.

### MATERNAL MORTALITY

There were 3 maternal deaths out of 7,235 births, plus 104 still-births.

### TUBERCULOSIS MORTALITY

The number of tuberculosis cases (307) represents new cases plus newly re-activated cases, as compared to 330 reported in 1972. The morbidity rate for 1973 is 80.79 as compared to 86.6 per 100,000.

There were 18 deaths directly attributable to tuberculosis in 1973, the same number as compared to 1972.

### ADMINISTRATION

The Administrative Bureau coordinates all the activities of the Health Division, under the direct supervision of the Health Officer. This includes accounting and budgeting, personnel records and assignments, general correspondence, special projects, building maintenance, cleaning and heating. In addition, the executive staff functions as a "clearing house" for the many daily inquiries that come in by letter, telephone and personal inquiry as well as editing the annual Health Division report.

### Evaluation of State Health Aid - 1973

State Health Aid funds have improved the delivery of health services within the City of Newark in the following manner:

- (1) Acute Communicable Diseases
  - a. Set up programs to immunize on a wider basis and prevent outbreaks of disease.
  - b. Continued revamping and modernization of immunization records and files.

(2) Venereal Disease

- a. Equipped our new V.D. Clinic at 77 Arlington Street.
- b. Continued to carry out a more intensive case-finding program for gonorrhea and syphilis and bringing the patients in for definite diagnosis and treatment.
- c. Carry out an intensive health education program throughout the City.
- d. Provided \$10,000 to the Venereal Disease Service organization.

(3) Tuberculosis Control

- a. Carry out more intensive and extensive tuberculosis screening programs in the general public.
- b. Follow through on home visits and all contacts.
- c. Follow through with treatment including the newer drug, RIFAMPIN, more intensively and keep greater and closer supervision of all tuberculosis patients and contacts.

(4) Lead Poisoning

- a. Increased the screening of children for lead poisoning.
- b. Assured the follow-up of children found to have elevated blood lead levels.
- c. Assured the testing of paint chips for lead content.

(5) Infants & Pre-School Children

- a. Greater emphasis on immunizations of pre-school children.
- b. Contract with Tri-City People's Center for the provision of pediatric services.

(6) Diabetes

- a. More extensive diabetes screening program on a year around basis.
- b. Actively participated in the Diabetes Detection Week.
- c. Follow-up on positive screenings to make certain all are brought under treatment.

(7) Cancer

- a. Continued our Pap Smear Clinic at the Newark Dispensary on a weekly basis.
- b. All smears diagnosed by a competent pathologist.
- c. Follow-up on all suspicious cases to insure early diagnosis and definite treatment.

Health Officer's Report  
Page 5

- (8) Health Education and Nutrition
  - a. Health Educator and nutritionist added to our staff.
  - b. Allocated funds for supplies and equipment for our Health Educator and Nutritional Services.
- (9) Administration and Supporting Services
  - a. \$45,000 to Lawrence Leiter Company for the continuation of management services.
  - b. \$5,000 for rental and renovating costs for relocation in 1974 of the Public Health Nursing Services, Health Educator and Nutrition Services.
- (10) Enlarged the scope of existing services and programs in the Newark Health Department.
- (11) Expanded the dental program to include community based dental services.
- (12) Provided payments for ambulatory medical and dental services at the Bessie Smith Community Health Center in the amount of \$167,000.

CONTAGIOUS DISEASE CONTROL BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Contagious Diseases	MANAGER: Alfred D. Giordano
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GOAL

- To control and prevent the spread of communicable diseases.
- Prevent the spread of rabies.
- To insure clean, safe, public swimming pool water.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1a. Investigate 100% of all reportable communicable disease cases by June 30, 1973.	X		This objective is unrealistic during the course of one year.
1b. Increase inspector investigations of communicable diseases to exceed 1971 level of 1088 investigations by June 30, 1973.		X	
2a. Increase the investigation of reported cases of animal bites from present yearly average of 3,500 investigations by December 31, 1973.		X	
2b. Seek to increase the vaccination of dogs against rabies from present yearly average of 2,500 to yearly average of 4,000 vaccinations by December 31, 1973.		X	
3a. Create an ordinance to establish code for swimming pools by April 30, 1973.	X		
3b. Seek to have restrictions removed in order to resume chemical analysis sampling of all public swimming pools by April 30, 1973	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>6</u>	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>3</u>	<u>50 %</u>
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>3</u>	<u>50 %</u>

## PROGRAM NARRATIVE

### BUREAU OF CONTAGIOUS DISEASES

The year 1973 has seen a notable change in the disease picture of our urban area. Eighteen of the reportable diseases on our chart had no cases whatsoever. This compared with the thirteen reported in 1972 reflects a 38% increase in the reportable diseases having no cases.

Due to the intensive immunization campaign carried out in the past years and presently, many of the once dreaded diseases such as: poliomyelitis, diphtheria, whooping cough, tetanus, and smallpox have been wiped out. Scarlet fever is a rarity and penicillin has virtually controlled this disease. Rubella (german measles) and measles are still with us, however, their case numbers have taken dramatic drops since the introduction and use of vaccines for these diseases in the past several years. With an active immunization program these diseases within a few years may well be out of existence. This speaks well for our continued protective activity, coupled with many other health agencies, the Newark School System and private physicians in maintaining a high level of immunity against the above diseases throughout the entire community.

In the first half of 1973, a noticeable rise of measles cases was observed. In conjunction with the N.J. State Health Department emergency clinics were set up to abort a possible outbreak. Confirmed cases of measles leveled off to a norm during the next four months. However, in the beginning of November, neighboring cities began reporting increasing measles cases until finally health officials called this, a serious outbreak. Toward the end of December, a very sharp rise in the incidence of measles in Newark was noted. Again, emergency clinics were set up and information was made available to the news media to alert and give out to the public, where they could take their unprotected children to existing health facilities or emergency clinics to be immunized.

At the age of three months, this Bureau initiates mail follow-up of all newborns, urging their parents to begin immunization during the first year of life. Scanning our files on newborns, it became quite apparent that many of these infants had few if any immunizations recorded near their names. A program was developed where after six months or earlier each home of a newborn would be visited by our Bureau personnel. It is his duty to obtain from the parents, verification of the child's name, birth date and mother's first name. After obtaining this, the



parent is questioned as to if and where she is taking the child for his or her immunization. If the answer is negative, the parent is given all particulars as to the free Keep Well Station nearest her home. The health representative then discusses with the parent the potential danger in not having her child immunized and how important it is to start immunizing the child against the childhood diseases as soon as possible.

In carrying out this assignment the Bureau faces great obstacles in achieving its objective. 1) The mobility of a great part of the Newark population we are trying to reach. In many instances within a month or less of a child's birth the parents move and cannot be located. 2) Incorrect addresses given at time of birth. 3) People living with families registered under different names. 4) In low-income housing projects, it is virtually impossible to make contact with parents unless one has their full name and apartment number. Many of the parents we seek in the housing projects are not listed or known in the main office of the project. All these points result in many unproductive visits.

The most valuable point we learned from these home visits is that a great many parents use private physicians, hospital pediatric clinics, or private and community health centers. The discouraging points learned from home visits and knowledge of attendance at other facilities is the lack of feedback to the Health Department concerning the services rendered. Also some facilities fail to give the patient records of immunization which presents problems at school registration time, the worse of which is the re-immunization of children.

In 1971 U.S. Public Health Advisory Committee recommended the discontinuance of the routine smallpox vaccination because annually several deaths occurred due to this vaccination. Many physicians are uneasy about this policy change because more and more Americans are becoming susceptible to smallpox. As of May 1973, 66,185 cases of smallpox were reported to the World Health Organization. This was a 95% increase over the total recorded at that time the previous year.

We must not become complacent and ease on our immunization program. As we know, the advent of the jet plane has decreased the possibility of disease immunity. Diseases occur in cycles with relatively long intervals between outbreak. The community should maintain at all times the highest possible level of immunity against diseases.

Contagious Diseases  
Page 3

Meningococcal Meningitis. This disease decreased from three cases last year to one reported case and no deaths this year.

Lead Poison. Sixty-three cases were reported last year against thirty-one of 126 the previous year, a decrease of 50%. This is one of the most dangerous conditions occurring in young children and definitely traceable to the use of lead base paints on walls, ceilings, woodwork, toys and cribs.

Hepatitis. (Serum and Infectious) 166 cases occurred this year against 297 cases reported last year a dramatic decrease of 44%. For the first time in medical history research physicians have identified the virus that causes hepatitis (type A) and with this startling breakthrough it is now conceivable that a vaccine can be developed to prevent this disease. To date, isolation, bed rest, diet and supportive measures are still all that is available. Household contacts should be sought out and Gamma Globulin administered as soon as possible after exposure, to avoid secondary cases. The careless and indiscriminate use of hypodermic equipment between members of a drug group is largely responsible for transmitting this disease from one infected person to another.

Typhoid Fever. For the first time in nine years there was no reported case of this serious disease in the City of Newark. We must not be lulled into a false sense of security because of the absence of this disease. Outbreaks can occur at any time. In March 1973, Homestead, Florida reported the largest outbreak of typhoid fever in the U.S. since 1939. 178 cases were confirmed and it is quite certain that the epidemic was caused by sewage contaminating the water supply of a migrant farm labor camp.

Diarrheal Disease. As a group these diseases are running generally lower than last year as shown in the statistics below. Continued education is the only real weapon we have against this group of diseases for the spread is "within families" or those who live close together. Faulty hygiene is the major cause factor in the spread of diarrheal disease. We can only urge good household sanitation, cleanliness, the need for washing hands before cooking and after handling sick children, diapers, etc. Proper cooking and handling of food is essential too. Contaminated food is often the source of infection in many groups. Active follow-up of all family contacts give us many secondary cases.

Rabies Control. All animal bites are required by law to be reported to this Bureau. Each bite is investigated and the biting animal is quarantined for 10 days from the date of bite. If the animal in question is alive and well after the quarantine period is over, the victim need not undergo any further treatment. Should the animal under quarantine die, the head is removed and is immediately sent out to be examined for rabies. If the examination proves to be

Contagious Diseases

Page 4

positive for rabies, the victim (or his physician) is immediately notified and arrangements made as soon as possible for the victim to undergo the Pasteur treatment for rabies without fail. This treatment is offered free of charge to anyone bitten by an animal.

# BUREAU OF CONTAGIOUS DISEASES

## 1973 STATISTICS

Inspector's investigations and inspections	860
Reinspections	1645
Water samples (swimming pools, tap water, etc)	748
Visits collecting specimens	625
Specimens collected	1028
Visits delivering specimens	327
Specimens delivered	1117
Special assignments	352
Complaints investigated	60
Immunization home visits	6239
Wrong addresses	81
No entry	24
Court (days)	1
Animal bite investigations	3911
Animal released from quarantine	2030
Laboratory	240
Culture Stations visited	5491
Culture Collected	
Vincent's Angina	0
Ophthalmia	0
Blood (lead level)	6218
Feces	0
Cultures	365
Wassermans	15601
Weissers	435
Sputum	43
Total cultures collected	22662
Total outfits delivered	14799

## Rabies Investigations and Control

	<u>1973</u>	<u>1972</u>
No. of persons bitten by animals	2260	2845
No. of persons bitten by dogs	2561	2761
No. of persons bitten by cats	32	36
No. of persons bitten by rats	*27	16
No. of persons bitten by other animals	40	32
Total of cases investigated	2260	2845
No. of persons given Pasteur treatment	0	1
No. of dog brains examined	Neg. 7 Pos. 0	Neg. 11 Pos. 0
No. of other animals brains examined	Neg. 17 Pos. 0	Neg. 18 Pos. 0

\*Laboratory rats 6

<u>Diarrheal Diseases</u>	<u>1973</u>	<u>1972</u>	<u>1971</u>
Salmonella-Typhi	0	2	4
Salmonellosis	121	149	124
Pathogenic E. Coli	46	72	51
Bacillary Dysentery	139	85	91
Amebic Dysentery	6	5	1
Infantile Diarrhea	54	75	69

### Immunizations

	<u>D.P.T.</u>	<u>Polio</u>	<u>Measles</u>	<u>Small-pox</u>	<u>Rubella</u>
1971 Health Clinics	13,844	13,408	2,620	3,702	2,928
Private Doctors	350	310	34	42	22
1972 Health Clinics	10,512	10,186	2,445	*0	3,077
Private Doctors	373	338	36	9	25
1973 Health Clinics	7,143	7,129	1,650	*0	1,812
Private Doctors	330	306	32	2	25

\*Discontinued

1973 Flu Injections 2,468

### Hepatitis Cases Reported to Newark Division of Health - 1973 166 Cases

<u>Age Group</u>	<u>Cases</u>	<u>Males:</u>	<u>92</u>
		<u>Females:</u>	<u>74</u>
0 to 4	3		
5 - 9	14		
10 - 14	19	Newark Cases:	147
15 - 19	22	Non-Residents	19
20 - 24	444	Treated in Hospitals:	101
25 - 34	36	Treated at Home:	46
35 - 44	13		
45 - 54	9	Non-Residents Treated	
55 - 64	4	in Newark Hospitals:	19
65 - 74	2		
75 - 84	0	Infectious Hepatitis:	125
85 - 94	0	Serum Hepatitis:	41

# MORBIDITY REPORT 1963 - 1973

	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>Norm</u>
Amebiasis	1	1	2	0	0	5	1	0	1	5	6	1
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0
Diarrhea of Newborn	*2	0	1	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Encephalitis (Infectious)	0	0	0	0	0	0	0	1	0	0	0	0
Epilepsy	223	164	81	74	61	15	10	11	8	2	0	15
Hepatitis	163	194	118	158	161	239	258	474	460	297	166	194
Lead Poison	*15	77	102	76	37	13	74	146	193	126	63	76
Malaria	0	6	2	0	0	1	4	0	1	1	0	1
Measles	3547	2495	1626	684	104	163	76	77	83	9	87	163
Mening.Meningitis	10	7	10	15	12	12	11	5	11	3	1	10
Mumps	Reportable as of 10/1/67											
Ophth.	8	7	10	19	2	5	11	3	4	5	4	5
Pathogenic E. Coli.	-	-	-	*31	85	110	157	164	51	72	46	72
Polio-myelitis	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	Reportable as 8/1/69											
Salmonellosis	15	20	25	77	63	91	77	114	127	149	121	77
Shigellosis	-	1	15	24	39	71	101	86	91	85	139	71
Tetanus	0	0	0	0	1	0	0	2	0	1	0	0
Trichinosis	0	2	0	0	0	0	1	2	1	3	0	0
Typhoid Fever	0	0	2	2	1	1	1	2	4	2	0	1
Tuberculosis	341	299	355	360	324	355	282	275	260	330	302	324

\*Reportable as of January 1st of current year.

VENEREAL DISEASE CONTROL BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January-December 1973	DIVISION: Health	AGENCY OR BUREAU: Venereal Disease Control	MANAGER: Novo DelDeo, M.D.
<b>GOAL</b> To improve the treatment of gonorrhea and other venereal diseases.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Relocate V.D. clinic to premises renovated at 77 Arlington Street, by July 1, 1973	X		
2. Expand the gonorrhea (Thayer-Martin Media) culture service from fifteen to twenty-five sites within the City, by July 1, 1973	X		
3. Conduct a "Gonorrhea Treatment Study", by June 30, 1973	X		
4. Encourage each V.D. clinic employee, by December 31, 1973, to attend at least one "Human Awareness" or Human Sensitivity class or training session, offered by either the State or the City.	X		



# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>3</u>	<u>    </u>
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>3</u>	<u>100%</u>
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>0</u>	<u>0%</u>

## PROGRAM NARRATIVE

The relocation and renovation of the new V.D. clinic, occupied in October 1973 at 77 Arlington Street, greatly enhanced the efficiency and the effectiveness of the clinic. One particularly major improvement is the separation of male and female clinic facilities. Increased space for patient interview and examination has extended the quality of patient care.

An administrative change at the at the State level has helped to increase the clinic staff of epidemiologists. The Arlington Street based staff has been combined with the staff of Martland Medical Center. There are now fifteen investigators assigned to syphilis management and six assigned to gonorrhea control. One coordinator and two first line supervisors have responsibility for the epidemiology.

The reported incidence of Primary and Secondary Syphilis in the City of Newark decreased in the calendar year 1973 (382 cases in 1973, as to 402 in 1972). There was also a slight decrease in the reported incidence of early-latent syphilis. Overall clinic attendance decreased in 1973, this decline is related to the new five night a week schedule at the Martland Clinic.

VENEREAL DISEASE CASES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Gonorrhea	6518	3028	9546
Syphilis New	248	142	390

VENEREAL DISEASE CLINIC REPORT 1973

	<u>1971</u>	<u>1972</u>	<u>1973</u>
<u>Syphilis Reported</u>			
Blood Tests	11,157	12,136	10,496
Darkfields	413	329	253
Total newpatients	637	367	390
Total patient visits	4,530	3,830	2,830
Treatments given	4,531	2,663	2,318
Primary & Secondary	429	402	382
Early Latent	206	216	207
<u>Gonorrhea Reported</u>			
Male & Female	5,470	7,650	4,791
<u>Sexual Contacts of Patients - Syphilis and Gonorrhea</u>			
Named	3,210	2,583	2,437
Found & Examined	1,921	1,832	1,468
Found Infectious	1,103	699	602

# REPORTED EARLY SYPHILIS MORBIDITY

Calendar Year - 1973

MONTH	PRIVATE				PUBLIC				TOTAL CIVILIAN					
	S-10	S-20	EL-1	EL 1-2	S-10	S-20	EL-1	EL 1-2	S-10	S-10 S-20	S-20	EL-1	EL 1-2	ALL EL
JANUARY	1	3	4	0	12	15	11	0	13	18	31	15	0	15
FEBRUARY	1	3	4	0	13	12	17	0	14	15	29	21	0	21
MARCH	2	8	7	0	7	28	23	1	9	36	45	30	1	31
APRIL	2	4	2	1	13	12	12	0	15	16	31	14	1	15
MAY	3	6	6	0	13	13	22	1	16	19	35	28	1	29
JUNE	4	3	5	0	6	15	14	0	10	18	28	19	0	19
JULY	3	5	1	0	16	9	8	0	19	14	33	9	0	9
AUGUST	1	3	3	0	11	15	13	0	12	18	30	16	0	16
SEPTEMBER	1	8	1	0	10	7	9	3	11	15	26	10	3	13
OCTOBER	3	4	1	0	11	20	16	0	14	24	38	17	0	17
NOVEMBER	1	5	1	0	9	13	25	0	10	14	24	25	0	25
DECEMBER	5	3	0	0	7	17	3	0	12	20	32	3	0	3
TOTAL	27	55	35	1	128	176	173	5	155	227	382	207	6	213

CHILD HYGIENE BUREAU

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January to December 1973	DIVISION: Health	AGENCY OR BUREAU: Child Hygiene Bureau	MANAGER: William Spinosa, M.D.
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GOAL To decrease the infant mortality rate.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Increase number of children attending Child Health Conference Stations from present attendance level of 30,000 per year to 40,000 per year by December 31, 1973.		X	Child Health Conference Stations are in operation throughout the City. The 40,000 number appears unrealistic in light of the Newark
2. Expand services to include care of sick infants and children by September 30, 1973.	X		Planning accomplished. Implementation of the plan depends on the institution of the Medicaid waiver Program.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	2	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	1	50%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	1	50%

## PROGRAM NARRATIVE

### CHILD HYGIENE BUREAU

The prime purpose of the Child Hygiene Bureau is the supervision of infants and children, from birth to five years of age, and retarded children to age thirteen. This Bureau has been striving to provide each child the opportunities for optimal physical, intellectual and emotional growth and development through the application of preventive pediatrics. These opportunities are necessary for proper child and health care. An optimally developing child is more likely to be healthy and productive as an adult. Well baby child hygiene conferences are held at various locations throughout the City staffed by physicians and nurses. Child hygiene sessions are planned at regular intervals in accordance with the age, health condition and needs of the child, with the purpose of providing continuous health supervision for those children who are unable to get such services elsewhere. To this end, eleven child health conference areas are strategically located throughout the City. Each child health conference station is staffed by a physician and two public health nurses. Two of our nurses, after qualified training are now pediatric nurse practitioners. There are a total of thirty sessions per week.

We were somewhat unhappy to see that the infant mortality rate among Newark residents in 1973 had increased to 23.9 from 22.6 in 1972. In view of the fact that most of the deaths were in the first few days of life, mainly from congenital defects or malformation among premature infants; we can never stress enough the importance of proper pre-natal care during pregnancy to further decrease the infant mortality rate.

Our goal is to decrease the infant mortality rate possibly by expanding our services to include care of sick infants and children as soon as feasible following approval of medicaid coverage.

CHILD HYGIENE BUREAU

1973 STATISTICS

Information Concerning Births and Deaths

	<u>1972</u>	<u>1973</u>
Total births of Newark residents	6512	7235
Total deaths under one year Newark residents	174	168
% infant mortality per 1000 births	22.6	23.2

Child Health Conference Session Report

	<u>1972</u>	<u>1973</u>
Total number of sessions	1657	1520
New cases	3068	2458
First visit this calendar year of previously carried cases	5566	3911
Re-visits this calendar year	17748	12314
Total attendance	26382	18763
Complete examinations by physicians	13422	10927*
Other services only	12960	7834
DPT first injection	2132	1647
DPT second injection	2085	1602
DPT third injection	2043	1453
DPT or DT booster	1653	1222
Ped. DT (other than booster)	14	1
Oral Polio Trivalent-first dose	2122	1657
Oral Polio Trivalent-second dose	2109	1610
Oral Polio Trivalent-third dose or booster	3805	2665
Measles Vaccine	1305	1532
Rubella Vaccine (german measles)	1591	1661
Tuberculin Test	3367	2858
PKU Test	3381	3067
Vision screening	17	8
Hearing screening	4	37
Referral for medical or dental care	872	760

\*Of this total 736 physicals were done by the pediatric nurse practitioners.

CHILD HYGIENE HEALTH CONFERENCE SESSIONS

HOURS. AM Sessions-8-30 A.M.  
PM Sessions-12:30 P.M.

<u>LOCATIONS</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WED.</u>	<u>THURS.</u>	<u>FRIDAY</u>	<u>TELEPHONE NUMBER</u>
Beth Israel Hospital 201 Lyons Ave.		A.M.		A.M.		923-6000 Ext. 361
Children's Hospital 15 So. 9th St.	A.M.		P.M.		P.M.	733-7537 733-7538
Kretschmer Homes 85 Ludlow St. Bldg. 1				A.M.		733-7533
Mt. Calvary Church 235 Seymour Ave. Basement	A.M.	P.M.	A.M.			733-7536
St. Columba's School ( 135 Seymour Ave. Basement	A.M.		A.M.			733-7534
St. James Hospital 155 Jefferson St.			A.M.	P.M.		539-1500
St. Michaels Hosp. 306 High St.		P.M.	P.M.		P.M.	623-8700 Ext. 46
St. Rocco's Church Hunterdon St.	A.M. P.M.	A.M.		A.M.		733-7535
Walsh Homes 1945 McCarter Hwy.		A.M.		A.M.		733-7532
Wright Homes 159 Spruce St.	A.M.	A.M. P.M.		P.M.		733-7530
200 5th Ave. corner So. 12th St.	A.M. P.M.		P.M.		P.M.	733-7531



PUBLIC HEALTH NURSING BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January to December 1973	DIVISION: Health	AGENCY OR BUREAU: Public Health Nursing Service	MANAGER: Petrina Livecchi
<b>GOAL</b> To improve the quality of nursing services available to the citizenry of Newark in order to achieve and maintain optimum health.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Increase home visits made by Public Health nurse from 1971 level of 10,085 to 12,000 by September 30, 1973	X		
2. Attempt to increase attendance at Child Health Conference Sessions above the 1971 attendance level of 31,911 by September 30, 1973.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>2</u>	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>2</u>	<u>100</u>
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>0</u>	<u>0</u>

## PROGRAM NARRATIVE

### PUBLIC HEALTH NURSING SERVICES

The Public Health Nursing Service of the Newark Division of Health provides nursing to the residents of Newark in the following areas:

Parochial Schools  
Dispensary and Public Health Clinics  
District Nursing Services

Public health nurses and ancillary personnel have continued servicing Newark's families nursing needs on a family centered basis. The aim of our program, relating to education, prevention, treatment and control of illness, is to promote optimal health.

We have continued to receive referrals for home visits from health and social agencies, our hospitals, the community and private physicians. Referrals relate to maternal and child health, mental retardation, accident and lead poison control, venereal and tuberculosis control, chronic illness and general health promotion.

Public health nurses provide nursing service for 30 Child Health Conference sessions located in 11 areas. Counseling by the nurses is offered in these sessions in order to assist and support parents in infant and child growth and development.

We continued an extensive Lead Poison Program in 1973. Public Health Nursing was completely responsible for all medical follow-up and referrals on elevated lead levels of 40 mcg. and over.

The Public Health Nursing staff now includes two pediatric nurse practitioners. This advanced preparation and certification was completed at Rutgers, the State University, College of Medicine and Dentistry of New Jersey. The pediatric nurse practitioner represents a new concept in nursing and thus provides a new improved health care service for the community. They function primarily in the Child Health Conference Unit and home visits.

Public Health Nursing Services  
Page 2

The knowledge and skills of these nurses in detecting and identifying variations of growth and development is utilized in evaluating a well baby, a task formerly performed only by a physician. The pediatric nurse practitioner works closely with a physician, performing a portion of his work. As a result, in-depth in-service and counseling are provided for infants and children.

All cases referred by the departments of Social Service are screened for a wide range of problems. These include social, cultural, economic, physical, neurological and psychological factors. Meaningful and effective changes in the clients family goals are initiated through the assistance of social service by home visits, interviews, and conferences with persons involved, informed or interested parties, counseling and/or collateral conferences with social and health agencies and institutions.

The City Dispensary provides various health services to Newark residents without charge. Eligibility for these services is determined by the social caseworker. This includes City welfare clients and medically indigent residents not covered by other welfare agencies. Counseling and deliberating with the client emphasizing the families emotional and material needs is an important phase of the overall picture.

All prescriptions issued to City residents by private physicians or hospitals are screened by the social caseworkers for approval for filling.

Our objective for 1974 is to effect a more imaginative and courageous approach to our clients needs and endeavor to find a more equitable formula for instilling the necessity for good health for their families in order to better the quality of their daily lives.

The responsibility of the Parochial Schools Bureau is to provide health service to children in the parochial schools, who would not otherwise receive such service. Optimum health is the aim of the School Health program.

Health service is rendered by a physician and public health nurses.

In the school year 1972-73, 9,440 children in 24 elementary schools, 3 high schools and one junior high school were provided with this service.

Standards set by the State Department of Health and Education are followed in carrying out the School Health Program.

Public Health Nursing Services  
Page 3

Health problems and health defects are picked up by the doctor and nurses through the physician's medical examinations and the nurses' appraisals including vision, hearing and tuberculosis screening. Health defects and problems picked up by such screening are referred to parents for professional attention. In the event a parent is unable to afford proper care, the child is referred to a clinic for treatment or correction.

A total of 247 children attended the Health Division Eye Clinic, of this number 154 children received prescriptions for eye glasses.

Psychological problems are referred by the school principals to Mt. Carmel Guild for attention.

There is close cooperation between the public health nurses, school principals, and teachers. With this kind of cooperation, the nurses are able to carry out an effective program.

Blood lead screening of the kindergarten children was carried out by the staff of the Federal Childhood Lead Poisoning Prevention and Control Program with the cooperation of the parochial school nurses.

Children in the parochial schools eligible under the Federal Title I Program received nursing service from the Board of Education. Medical service for these children, however, was provided by the parochial schools physician.

A report of work done in schools is shown on the following pages.

# PAROCHIAL SCHOOLS HEALTH ACTIVITIES

SCHOOL YEAR 1972-1973

## Health Services by\*

Private Physicians - reports	1,597
Clinic Physicians - reports	223
Private Dentists - reports	526
Health Division Dental Clinic	133
School Physician - health examinations	1,322
School Nurses - Health appraisals**	8,510
Class inspection of children	369
School exclusions	1,133
First Aid	6,208
Audiometric screening	7,051
Defects referred	69
Vision screening	9,143
Defects referred	1,093
Telephone calls	5,674
Class talks	140
Office conferences with principals, teachers, pupils parents and others	11,229
Immunizations - By Nurses:	
Diphtheria - tetanus	32
Diphtheria - tetanus booster	276
Measles	175
Rubella	376
Oral Sabin Polio	126
Tuberculin Test -	
(Mono Vacs)	2,539
Positive tuberculins reported	36

\* Reports are recorded on child's health record.

\*\*Includes teeth, posture, nose and throat, hair and scalp, skin, speech, behavior, others.

Defects Noted in School Children:

<u>Type Defect</u>	<u>1972-1973 School Year</u> <u>Found</u>	<u>Treated/ Corrected</u>
Dental	1,025	721
Vision	1,095	828
Hearing	69	69
Cardiacs:		
Old	54	16
New	19 (16 asymptomatic)	3
Nutrition	208	13
Orthopedic or posture	48	110*
Mono Vac Tuberculin Reactors (Positive)	35	35
Other Health Problems**	275	815*

\* Includes defects previously found, which were corrected or remedied this year.

\*\*Includes nose-throat, personal hygiene and other conditions not included in above listing.





## ANNUAL REPORT 1973

Page - 2

Home Visits Case Load	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
New Cases	243	241	559	106	312	119	324	431	218	293	366	215	1057
New Current Year Previously Carried	863	75	126	7	2	-	1	-	-	3	-	-	1258
Total	1106	316	685	373	314	119	325	431	218	296	366	215	2315
Telematics (cases visited this year)	226	140	537	351	202	219	213	299	301	282	280	242	3392

Number telephone calls made by Public Health Nurse to agencies, families, etc. 1,766Visits and talks by nursing personnel to agencies, organizations, etc. .... --Visits by Community and Health agency personnel to Community Nursing Service  
activities..... 1Student Nurses - Field experience with District Nursing Service..... --  
-C.H.C. observation with District Nursing Service..... 35Total number Child Health Conference sessions services by Public Health Nurses 1,506Total number hours by Family Planning Assistants at Child Health Conferences 265 1/2 hrs.

Referrals	Hosp. Inst.	Agency	Hlth. Dept.	San. Insp.	Soc. Wrkr.	St.Hlth Dept.	Other	Total
To Community Nursing Service	634	10			2	27		673
By Community Nursing Service	29	36	1	201	566		1	834
Total	663	46	1	201	568	27	1	1,507



## BUREAU OF CHILD HYGIENE

NEW JERSEY STATE DEPARTMENT OF HEALTH

No 25748

## CHILD HEALTH STATION REPORT

A. Station Location (Street)		C. City, Municipality, Twp, etc.		County	Zip
B. Municipality Code	C. Session Date ANNUAL REPORT 1973	D. Session Hours From To		F. Total Time Hrs. Min.	
F. Doctor in Charge		G. Doctor Hours From To		H. Total M.D. Time Hrs. Min.	
I. Nurse in Charge		Other R.N. staff			

J.	VISIT OR SERVICE CATEGORY	a. INFANTS UNDER 1 YR	b. CHILDREN 1 - 4 YRS	Total Number of c. CHILDREN 5 YRS AND OVER	Sessions d. TOTAL	1,526
1	New Cases	1,801	654	3	2,458	
2	First Visit This Calendar Year or Previously Carried Case	1,100	2,811		3,911	
3	Re-Visits This Calendar Year	5,379	7,014	1	12,394	
4	Total Attendance (Lines 1, 2, and 3)	8,280	10,479	4	18,763	
*5	Complete Examination by Physician	5,100	5,828	1	10,929	**
*6	Other Services Only	3,180	4,651	3	7,834	

\*Total of Lines 5 and 6 are to equal Total shown on Line 4 in columns a, b, c, d

7	DPT First Injection				1,647
8	DPT Second Injection				1,602
9	DPT Third Injection				1,453
10	DPT or DT Booster				1,222
11	Ped. DT (other than boosters)				1
12	Oral Polio Trivalent First Dose				1,657
13	Oral Polio Trivalent Second Dose				1,616
14	Oral Polio Trivalent Third or Booster				2,665
15	Measles Vaccine				1,532
16	Smallpox Vaccine				
17	Rubella Vaccine (German Measles)				1,661
18	Mumps Vaccine				
19	Tuberculin Test				2,858
20	PKU Test				3,067
21	Vision Screening				82
22	Hearing Screening				37
23	Referral for medical or Dental Care				760

\*\*Of this total, 746 physicals were done by the Pediatric Nurse Practitioners

DO NOT ENTER ANY OF THE ABOVE FIGURES ON PAGE TWO

FOR STATE USE ONLY BELOW THIS LINE

State Participation: ☐ Yes ☐ NoMetropolitan County ☐ Yes ☐ No

For State Health District Office Date Received

Date Forwarded

**REPORT OF TESTING IN CHILD HEALTH STATION**  
**DO NOT CARRY OVER ANY FIGURES FROM FRONT PAGE**

Item	Test	12 Mos A	1 - 4 Yrs B	5 Yrs + C	Total Number Tested D	Number Referred E
24	Blood Lead		9		9	
25	Hemoglobin	23	14		37	
26	Hematocrit	3	3		6	
27	Sickle Cell	7	3		10	
28	Counting					
29	Other Blood Studies - Retic Cnt.		2		2	
30	A. C.B.C.	6	1		7	
31	B.					
32	Urinalysis	1	2		3	
33	Urges					
34	Other Urine Studies					
35	A.					
36	B.					
37	Cultures					
38	A. Throat		2		2	
39	B. Urine					
40	C. Other Sensitivity		1		1	
41	Stool Studies					
42	A. Ova-Parasites					
43	B. Other "Donner" Screening		2		2	

The test(s) reported above are given to all infants/children registered in this Child Health Station.

☐ Yes

☐ No

If "no", please describe briefly the special group being tested. (age, race, etc.)

CITY DISPENSARY - SOCIAL WORK ACTIVITY

Interviews - Eligibility Status

Accepted	3,271
Not Eligible	1,526
Review of Status	1,281
Total	6,078

Requests for Drugs from Various Hospitals and/or Private Physicians:

Martland Hospital	11,073
St. Michael's Hospital	396
Beth Israel Hospital	410
United Hospitals	375
Private Physicians	1,939
Mt. Carmel Guild	1,288
North Jersey Community Center	159
Others	162

Processing of Mail:

Department of Public Welfare	5,770
Telephone Contacts	1,246

DISTRICT NURSING AND PAROCHIAL SCHOOLS NURSING ACTIVITIES

## Referrals Received:

Nursing Service	640
Parochial Schools	4
Agencies	2
Others	25

Total	671
-------	-----

## Case Count:

New	409
Reopened	248

Total	657
-------	-----

Cases Closed	566
End of year count	91

## Activities:

<u>Location</u>	<u>In Office Conference</u>	<u>Field Visits</u>	<u>Telephone Contacts</u>	<u>Correspondence</u>
District Nursing Service	543			
Parochial Schools		2		
Agencies		506	4,837	
Clients/Others		2,563		30

CHEST CONTROL BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January to December 1973	DIVISION: Health	AGENCY OR BUREAU: Chest Control Bureau	MANAGER: Willis E. Goode
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GOAL  
To reduce and control the reservoir of infectious tuberculosis cases.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Implement a control program which will guarantee that the Bureau of Chest Diseases is knowledgeable of 80% of all cases within two months of activation by June 30, 1973.	X		A number of futile efforts toward the school reactor program have been attempted. The lack of personnel, drive, funds and cooperation have led to failure.
2. Implement a Reactor Program directed at high incident groups by September 30, 1973.		X	
3. Attain a 75% surveillance rate of infectious tuberculosis cases by January 31, 1973.	X		

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	3	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	2	66 2/3
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	1	33 1/3

## PROGRAM NARRATIVE

CHEST CONTROL BUREAU

The Chest Clinic has had the highest attendance on record in 1973, and the City as a whole has recorded more clinic visitations than any other year on record. There was a total of 14,217 visits - 11,434 patients were received at the Williams Street Chest Clinic, while the five general hospital clinics within the City saw an additional 2,783 patients.

Although we have been short on personnel in a number of sections this year, a tremendous effort has been contributed by those presently on our staff. We have been unable to expand the scope of our program beyond the boundaries set a number of years past, but we have worked very well within what we have in the interest of the people of Newark.

A substantial coordinated screening program within the schools, of examining and treating each positive skin reactor with tuberculosis drugs would further reduce the incidence of tuberculosis in the City.

A number of futile efforts toward the school reactor program have been attempted in the past, but again the lack of personnel, drive, funds and cooperation have led to failure. It is hoped that the future will see a program in such a direction that will be fruitful to tuberculosis control in Newark.



CHEST DISEASE BUREAU - 1973

1973 STATISTICS

DIVISIONAL WORK TOTALS

Patients and Contacts Under Supervision

Patients 1715                      New Contacts 527

Clinic Examinations - Tuberculosis, Adults & Children	11434
Clinic Examinations - Cardiac	1026
X-rays - 4x4 36 14x17 6153	6189
Mantoux tests - Clinic	2850
Sputum examinations - smear	2691
Sputum examinations - culture	2691
Sputum examinations - nebulizations	2674
Electrocardiograms	185
Mercuryhydrin injections - clinic	6
Patients admitted to sanatorium	58
Commitments - Verona & Glen Gardner	3
Streptomycin injections - clinic	1368

Reported Cases of Tuberculosis by Health Districts

Health District I (North/Roseville/West)	84
Health District II (Vailsburg/Upper Clinton Hill/ Vailsburg)	85
Health District III (Central/Belmont/Dayton-Hayes Circle)	78
Health District IV (Ironbound/East)	52
Non-Residents	3
TOTAL	302

Tuberculosis Mortality and Morbidity Rate (All Forms)

<u>YEAR</u>	<u>POPULATION</u>	<u>NO.DEATHS</u>	<u>CASES REPORTED</u>	<u>MORTALITY</u>	<u>MORBIDITY</u>
1950	443,000	209	526	47.2	117.2
1955	443,000	68	490	15.3	110.6
1960	405,000	40	343	9.9	84.7
1961	405,000	52	372	12.8	91.8
1962	410,000	52	332	12.7	80.2
1963	410,000	36	341	11.2	83.2
1964	410,000	48	299	11.7	70.7
1965	410,000	42	355	10.2	87.6
1966	410,000	35	360	8.5	87.8
1967	410,000	36	323	8.78	78.7
1968	410,000	28	336	6.8	80.7
1969	400,000	20	282	5.0	70.5
1970	400,000	24	275	6.0	68.75
1971	380,000	18	260	4.73	68.4
1972	380,000	18	330	4.73	86.84
1973	380,000	18	302	4.73	79.47

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# CHEST DISEASE BUREAU

## 1973 STATISTICS

### Tuberculosis Deaths by Sex, Age, Race - 1973

Under 1 Year		1-4 Years		5-9 Years		10-14 Years		10-19 Years		20-24 Years		25-34 Years		35-44 Years		45-54 Years		55-64 Years		65-74 Years		75 & Over Years	
Race	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
Totals 18											1		4		4		4		4		3		2
White 4													1				2					1	
Non-White 14											1		2	1	2	2	1	1	3		1		

### Tuberculosis Deaths By Age Group - (7 Year Total)

Year	Under 1	1-19 Yr.	20-24 Yr.	25-44 Yr.	45-54 Yr.	55-64 Yr.	65-74 Yr.	75 & Over
1967	0	0	1	13	6	10	3	3
1968	0	1	0	12	6	7	2	0
1969	0	0	0	4	6	4	5	1
1970	0	2	1	5	6	5	4	1
1971	0	0	0	5	3	3	6	1
1972	0	0	1	7	1	3	5	1
1973	0	0	0	5	4	4	3	2
Totals	0	3	3	51	32	36	28	9

### Deaths - Lapse of Time After Report of Case

No. of Cases Reported Prior to Death	Within 1 Year	11	61.1%
	Within 2 Years	0	
	Within 3-4 Years	0	
	4 Yrs. & Over	5	27.8%
No. of Cases Reported After Death		2	11.1%
	Total Deaths	18	100.0%
No. New Active TB Cases for 1973 - <u>302</u>			

DENTAL HEALTH BUREAU

# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health	<b>AGENCY OR BUREAU:</b> Dental Clinics	<b>MANAGER:</b> Alan A. Gale, D.D.S.
<b>GOAL</b>  To upgrade and improve dental care.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Develop and implement a Dental Disease Prevention Program on a city-wide basis.		X	The development of a dental disease prevention campaign was stymied in the sick leave of the Bureau manager.
2. Establish a "Recall System" to ensure the prevention of dental disease by June 30, 1973.	X		
3. Provide an average of 5,000 dental treatments per month by December 31, 1973.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	3	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	2	66 2/3
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	1	33 1/3

## PROGRAM NARRATIVE

### DENTAL CLINICS

The need for dental service in the City of Newark has held steady during 1973. The Health Department, itself finding it necessary to work within a strict budget at a time of inflation, had a loss in personnel. The Auxilliary Dental Personnel has remained the same, consequently we were unable to expand our dental program. Budget limitations on the Dental Department has made it impossible to hire additional dentists. We were unable to make up for losses in our dental personnel due to retirement or death.

The inability to control the many broken appointments has had a profound effect on our statistics. The loss, on balance, of three (3) dentists during the year resulted in the loss of 312 clinic working hours which also is demonstrated in our work figures. We shall continue to orient our program towards the prevention of dental disease. We shall not forget though, that our population needs definite care first. Therefore, emergency treatments will be rendered to all needing them.

In all honesty, the future does not look bright at this time. It appears that necessary dental services will have to be provided by the City without outside financial aid. One can only hope that the necessary funds to provide the necessary services can be found.

DENTAL HEALTH REPORT

	<u>1972</u>	<u>1973</u>
Number of Individual Children	3,070	1,991
Number of Children Visits	11,812	10,287
Number of Children Treatments	21,162	17,910
Number of Adult Visits	3,537	3,417
Number of X-rays	5,194	3,969
Total Treatments		23,155

MEDICAL EVALUATION CENTER



# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health	<b>AGENCY OR BUREAU:</b> Medical Evaluation Center	<b>MANAGER:</b> Dr. J. Provenzano
<b>GOAL</b> To reduce the backlog of 2500 welfare applicants and to effect a means and system to efficiently examine and process applicants.			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	Yes	No	
1. Contract examination of applicants to community health clinics to assist in diminishing backlog.	X		This department is one of several that is in need of additional staff in the Division of Health.
2. Increase staff of doctors that will effect a more efficient operation by reducing load of examinations per doctor and increase doctor hours (availability to examine).		X	

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	2	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	1	50 %
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	1	50 %

## PROGRAM NARRATIVE

### MEDICAL EVALUATION CENTER

The development of the Medical Evaluation Center is a joint venture of the Division of Health and the Division of Welfare. Its main function is to examine public assistance applicants to determine physical status and to routinely examine clients of the Welfare Department in re-evaluation of status.

An ever-growing decrease in the center's staff has not allowed for the most efficient and effective operation. The contracting to community clinics has assisted the center in reviewing backlog applicants and getting a good hold on the flow of applicants currently awaiting review. Hopefully 1974 will see an increase in staffing and the upgrading of facilities that we may better serve the citizens of Newark.

Report on the Medical Evaluation Center for the Year Ending December 31, 1973

<u>Month</u>	<u>Appointments Made</u>	<u>Patients Examined</u>	<u>Patients Failed</u>	<u>Patients Cancelled</u>
Jan.	290	160	68	62
Feb.	191	97	77	17
Mar.	225	132	81	12
Apr.	244	114	100	30
May	265	145	106	14
June	245	145	92	8
July	252	137	102	13
Aug.	239	88	108	13
Sept.	173	100	72	1
Oct.	201	115	84	2
Nov.	197	122	72	3
Dec.	<u>182</u>	<u>93</u>	<u>85</u>	<u>4</u>
TOTAL	2674	1448	1047	179

Estimate Length of Disability

<u>Month</u>	<u>No Disability</u>	<u>Less than 2 Months</u>	<u>2 to 6 Months</u>	<u>Over 6 Months</u>	<u>Over 1 Year</u>	<u>Total</u>
Jan.		18	83	40	19	160
Feb.		10	36	36	15	97
Mar.		32	50	44	6	132
Apr.		23	46	33	12	114
May		31	61	42	11	145
June		31	53	49	12	145
July		33	52	46	6	137
Aug.		6	37	36	9	88
Sept.	5	24	44	24	8	100
Oct.		23	52	37	2	115
Nov.	1	1	35	46	39	122
Dec.	—	<u>5</u>	<u>28</u>	<u>37</u>	<u>23</u>	<u>93</u>
TOTAL	6	237	578	470	157	1448

DOG CONTROL BUREAU

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Dog Control	MANAGER: Thomas P. Dunn
GOAL			
To reduce the number of unlicensed and stray animals in the community.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Issue, at least, 12,000 dog licenses by December 15, 1973		X	Note:  The two objectives are somewhat in conflict for the following reason - in increasing the monthly pick-up of stray dogs you may decrease the number of licenses issued.
2. Increase present stray animal pick-up rate from 350 per month to 500 per month, by June 30, 1973.	X		

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>2</u>	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>1</u>	<u>50 %</u>
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>1</u>	<u>50 %</u>

## PROGRAM NARRATIVE

## BUREAU OF DOG CONTROL

Prior to 1954, the picking up of stray dogs (all dogs in public must be on a leash) was carried out by the Humane Society. In 1954 this arrangement was changed and greatly improved. The Health Division secured two dog ambulances of its own, operated by four dog wardens (dog catchers). In 1972, we increased coverage of the City by purchasing two more dog ambulances and four more men for a total ambulances and eight men.

Dog licenses issued \$4.00 each	9516
"Seeing Eye" Dog licenses (free)	4
Pet shop licenses \$10.00 each	1
Kennel licenses \$10.00 each	0
Kennel licenses \$25.00 each	2

The City pays the State 50¢ out of each license fee and the State provides free rabies vaccine. The City offers rabies vaccination for each licensed dog, to be inoculated by participating veterinarians. Only by popularizing the annual vaccination of dogs, can we feel confident that our present freedom from rabies will continue. It is now 24 years since rabies occurred here, but in 1946 we had 34 rabid dogs and 21 persons underwent the Pasteur Treatment. The compulsory leashing of dogs (all year) was started at that time. Under the free vaccination arrangement, 4191 dogs were vaccinated this year.

The ambulance during the year, picked up 4411 unleashed dogs and also picked up 911 stray cats that were brought to the GiGi Kennels in East Newark. Dogs are destroyed if not picked up within 7 days. The Dog Control supplies the Sanitation Division with one truck to pick up dead animals on the street. This truck picked up 2963 dead dogs, and 1231 dead cats and 103 other dead animals.

# BUREAU OF DOG CONTROL

## 1973 STATISTICS

### No. of Animals picked up on streets by Sanitation Department

<u>DD</u>	<u>DC</u>	<u>Total</u>
2963	1231	4194

### No. of Animals picked up by Dog Control

<u>Dogs</u>	<u>Cats</u>	<u>Total</u>
4441	911	5352

No. of licenses issued up to 12/31/73	9520
No. of Seeing eye dogs	4
No. of kennel licences	2
No. of pet shop licenses	1
No. of complaints answered on live animals	5915
No. of calls on dead animals	970
No. of dogs vaccinated by veterinarians	4191

# FINANCIAL REPORT

1973

Cash receipts 9516 paid dog licenses	38,064.00
4 Seeing eye dogs	00.00
2 Kennel licenses @ \$25 each	50.00
1 Pet shop license @ \$10 each	10.00
	<hr/>
	\$38,124.00
Money Sent to State	4,758.00
Cash on Hand	\$33,366.00



FOOD, DRUG & MEAT PROTECTION BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: health	AGENCY OR BUREAU: Food & Drug & Meat Control	MANAGER: Michael J. Carson
GOAL: To provide consumer protection in the production, processing, transportation, preparation, serving and storing of all food products, and drugs.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Review and revise municipal ordinances, by April 30, 1973.	X		Reviewed, revised, and changed wording on renewal application on milk license, milk dealer license, meat license. No other changes made.
2. Increase the inspection and supervision of the Restaurant and Tavern program, the Dairy program and the City Food and Drug Control program in order to attain a 90% compliance to Federal laws, State regulations and all municipal ordinances, by June 30, 1973.	X		No laboratory facility in 1973 for Milk Program. Milk monies withdrawn by Dr. Frantanturo for other use.  No new replacements of First Grade Sanitary Inspectors to increase the efficiency of the Food & Drug Control Program.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	2	_____
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	2	100%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0%

## PROGRAM NARRATIVE

### FOOD & DRUG - MEAT CONTROL

The Food & Drug Bureau is responsible for the inspection and supervision of all articles of food, drugs and cosmetics. In carrying out a program, it is the responsibility of this Bureau to see that all such articles, in every phase of their preparation for sale, comply with all Federal laws, State regulations, and all local ordinances.

There were 10 inspectors assigned to the City Food & Drug Control program at the beginning of 1973. Re-assignments during the year literally left the Bureau with a skeleton staff of food and drug inspectors.

Utilizing the remaining manpower, the Bureau continued its local food and drug work. The control program included the inspection of all 1000, drug and cosmetic operations carried on by the approximately 3,500 food and drug establishments in the City of Newark. Routine, continuous samplings by the inspectors of various types of food and were made for laboratory analysis. Physical inspections of the establishments were carried out to determine the extent of compliance with all regulations and legal requirements and, in many instances, to determine fitness for food or evidence of adulteration and/or misbranding.

The Bureau is also responsible for inspecting and approving locations for pigeon-duck-chicken, etc. permits and for pet shop locations. Ice vendors are also licensed and inspected by this office.

The Bureau is involved in the inspection of meat and meat products, poultry and fish, as to wholesomeness and fitness for food. We also inspect the commissaries of restaurants, lunch rooms, meat and fish trucks and loading platforms for poultry and meat freight cars. We inspect all deliveries of meat, fish and poultry at all City institutions. This work is carried out by a staff of trained meat inspectors with a State license.

### Major Accomplishments

1. The Bureau conducted a consumer affairs survey of all supermarkets. As well as sanitary inspections and price, and quality control checks.

Food & Drug  
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1. Sanitary, exterior and interior.
  2. Sanitary, meat department, frozen foods, fish and dairy department.
  3. Produce
2. Prior to the Christmas shopping season, the Bureau made a a survey of hazardous toys throughout the municipal shopping area.

<u>City Inspections</u>	<u>1973</u>
Total City Inspections & Re-inspections	5,455
Lic. Div. referrals processed	904
Complaints received	557
Notices served	4,127
Notices abated	3,840
Suspected food poisonings	24
Miscellaneous sample taken	76
Court cases	154
School and Federal Summer Lunch Program (On complaints - program improved over previous year)	
Day care centers, nursing homes, boarding homes	63
Establishments denied Rest.Lic., closed or burned out	57
Ice cream Est., Mfgs and Depots	49
Ice cream mfg. stores	9
Ice cream depot	4
Ice cream vehicles	40
Vendors	205
Vending Machines	316
Rummage sales	41
Ice mfg. & dist.	68
Meat jobbers	425
Live rabbits, etc.	11
Poultry Slaughter Houses	19
Meat Plant Lic.	23

Milk Licenses

Issued (stores, dealers, vending machines, and depots)	943
Hearings	93
Condemnations	87

Recalls - Federal, State and local cooperation

Fred's, ready to serve steak sauce with mushrooms #10 cans. Cans returned through N.J.S.H.D. to mfg., suspected of containing botulism B type toxin.

Inspections	207
Embargoed	196

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Food Handlers

Lectures for handling food handlers has been reinstituted.  
Attendance to lectures approximately 1,000 persons.

ADMINISTRATIVE BUREAU

## 1973 ANNUAL REPORT

- A. TOTAL NUMBER OF OBJECTIVES \_\_\_\_\_
- B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED \_\_\_\_\_%
- C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED \_\_\_\_\_%

### PROGRAM NARRATIVE

#### DIVISION OF HEALTH

#### BUREAU OF ADMINISTRATION

The Administrative Bureau coordinates all the activities of the Health Division, under the direct supervision of the Health Officer. This includes Accounting and Budgeting, Personnel Records and Assignments, general correspondence, special projects, building maintenance, cleaning and heating. In addition, the executive staff functions as a 'clearing house' for the many daily inquiries that come in by letter, telephone and personal inquiry as well as editing the annual Health Department report. Other services provided under the administrative bureau are:

#### I. Audio Visual Service

This service, while being an integral part of the Bureau of Health Education, is responsible for a number of specific functions including the preparation of audio-visual aids, utilization and maintenance of projection and sound equipment, control of stationery supplies for the Division of Health, and the reproduction and printing of all forms and other printed materials used within the Division.

When special mass immunization programs are conducted, such as polio or influenza, the A-V service provides a fully equipped sound truck for broadcasting in the street. An appropriate message is pre-recorded and played back on a tape recorder from the mobile unit.

The A-V service is responsible for designing all stationery forms, booklets, reports, leaflets, etc. All specifications are drawn in the office and it handles all budgeting details in this connection. Great savings are affected by being able to reproduce office forms, leaflets and other printed materials within the organization. Only printing which cannot be done economically in the Bureau, or would be otherwise restricted by policy, is procured by contract with outside firms.

This Bureau began to use recycling of old or unusable forms more than a year ago. Although it is difficult to assess the amount of money saved, the results from users acceptance has been very good. Other innovative ideas are being tried; such as the use of carbonless paper for multiple forms, printing reports on both sides of the sheet and the reduction in size to fit standard sheets of paper.



## II. City Dispensary Pharmacy

The Health & Welfare City Dispensary Pharmacy dispensed 55,283 prescriptions for the year 1973, as compared to 49,030 for the previous year, the total of 6,253 more. These prescriptions are filled for City welfare patients and medically indigent patients who are treated at the City Dispensary, as well as at outside hospitals and other clinics.

Many preparations which are practical and economical to prepare are prepared in bulk by the pharmacists. The preparations of medications and the packaging of supplies to parochial schools, child hygiene stations, and other school stations are a part of the routine pharmacy work. Records are maintained for the distribution of free State Biologicals to private physicians.

The functions of the Pharmacy relate to the ordering and receiving of surgical supplies, drugs, surgical equipment, free State Biologicals, antibiotics, narcotics, and also alcohol for manufacturing purpose and clinical use. Also raw materials are purchased for prescription compounding.

An accurate record is kept when biologicals are received including lot numbers and expiration date. Concurrent records are kept as to dates ~~and quantities~~ dispensed to clinics, physicians, parochial schools and child hygiene stations. Records are sent to the State Department of Health as to amount of each biological dispensed from the Pharmacy.

After merchandise ordered is received the P.O. are processed with receiving paper work for payment. A complete record of all drugs and surgical supplies and surgical equipment is kept in the Pharmacy Office.

A check as to dated drugs and other staple items are constantly scrutinized and these items are exchanged for new drugs if out-dated.

Drug salesmen are interviewed and professional discussions are held periodically relating to new drugs. Many times the Technical Service Department of our contract vendors have been called for information not contained in the brochure with the drug.

The Pharmacy maintains at all times a well stocked supply of modern up to date drugs, antibiotics, polio vaccine, as well as measles virus vaccine, rubella vaccine, measles and rubella combination vaccine, and diphtheria and tetanus toxoids and pertussis vaccine adsorbed and tetanus diphtheria vaccines.

### III. City Dispensary Services

The Newark Division of Health Clinics provide medical, dental, nursing, X-ray and laboratory services to needy residents of Newark. Prescribed medications are provided by the City Dispensary Pharmacy.

Eligibility is determined by social service case investigators.

In 1973 a total of 3,490 patients made 19,169 visits to the Therapeutic Clinics in the City Dispensary. Visits to clinics in the Bureau of Chest Diseases, Dental and Venereal Diseases are noted elsewhere in the Division of Health Annual Report.

A total of 5,079 patients made 20,758 visits to therapeutic clinics and to other services.

In addition to the above, Immunization Clinic is conducted daily. Total immunization for 1973 - 2,768. A decrease since presently children are immunized at school upon registration. (See report.)

Also, in the fall of the year an influenza program is offered on a selected basis. (See report.)

During 1973 the Public Health Nurses processed and responded to 562 requests for medical information from health and social agencies, hospitals and private physicians on patients who attended Dispensary Clinics.

In September 1973 the Skin Clinic was transferred from 102 William Street to the City Dispensary.

# CITY DISPENSARY SERVICES

## 1973 STATISTICS

### DETECTION CLINICS

PAP SMEAR		LABORATORY RESULTS				REPORTS TO	
Total Screened	Class 1	Class 2	Class 3	Class 4	Patients	Medical Services	
82	46	36	-	-	82	17	

DIABETIC SCREENING		DEXTROSITX		2 HR. POST PRANDIAL		REPORTS TO		REFERRALS TO
Total Screened	Pos.	Neg.	Pos.	Neg.	130 mg.	Patients	Medical Services	Metabolic Clinic
52	2	50	-	-		50	2	2

### R-RAY REPORT

<u>Type of X-ray</u>	<u>No. of X-rays</u>
Chest 4x4	3763
Chest 14x17	8571
Extremities	249
Gastro Intestinal	500
Gall Bladder	24
Other	369
Total	13476

### Lead Poison Control

Bloods drawn for Lead Screening - 67

Public Health Nurses process and respond to all medical and nursing correspondence.

Number of Reports - 562.

Division of Health - Bureau of Administration

<u>SOURCE OF PATIENTS</u>	<u>TOTAL PATIENTS</u>	<u>TOTAL VISITS</u>
Therapeutic Clinics	3490	19169
Division of Welfare Cases (1979 included above)		
Other Services (see report)	1589	1589
Total	5079	20758
Immunizations	2768	

<u>CLINIC VISITS</u>	<u>1972</u>	<u>1973</u>	<u>IMMUNIZATIONS</u>	<u>1972</u>	<u>1973</u>
Allergy	1184	1143	Diphtheria, Pertussis, Tetanus	1621	1218
Chiropody	475	621	Oral Polio Trivalent	2150	1281
Eye	1898	2124	Measles Vaccine	144	118
Medical	8355	9724	Rubella Vaccine	270	141
Med.Eval. Welfare Center	2252	1647	Total Immunizations	5159	2768
Metabolic	1056	1184			
Skin		381	Influenza Vaccine	2090	2188
Pediatric	552	567			
Injections	613	1997			

Total Patients Seen in Therapeutic Clinics	3726	3490
Other Services	2451	1589
Total Patients Seen	6177	5079
Total Visits	19317	20758

ADMINISTRATIVE BUREAU

FINANCIAL STATEMENTS

<u>1972</u>		<u>1973</u>	
Personal Services		Personal Services	
(Salaries) 260 Employees	\$1,783,557	(Salaries) 297 Employees	\$2,031,469
Other than Personal Services	209,201	Other than Personal Services	214,005
	<u>\$1,992,758</u>		<u>\$2,245,474</u>

TYPE OF EXPENDITURES (OTHER THAN SALARIES)

	<u>1972</u>	<u>1973</u>
Dr. Home Calls	-	-
Nurses Calls V.N.A.	-	-
Drugs-Clinics Supplies	72,737	90,160
Lab & Dental Equipment & Supplies	9,746	7,200
X-ray Film Service	8,903	9,100
Telephone Service	16,028	4,000
Postage	1,260	1,100
Polio & Flu Vaccine	908	-
In-Service Training	631	788
Carfare Travel Allow.	27,502	30,120
Milk Food Samples	141	45
Cleaning Health Stations	3,176	5,160
Furniture & Clinic Equipment	408	2,029
Light & Heat	16,454	14,500
Rent Annex & Stats	12,126	10,473
Printing & Stationery	10,758	11,165
Miscellaneous	<u>28,423</u>	<u>28,165</u>
Totals	\$209,201	\$214,005

Administrative Bureau  
Financial Statement  
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RECEIPTS

Note: These receipts are deposited with the City as Miscellaneous Receipts and are not reflected in our budget.

Permits

Chicken, animal, etc. 77.00

Licenses

Ice Wagon	138.00
Meat Jobbers	1,175.00
Refuse Trucks	--
Milk Store Del.	2,712.75
Meat Plants	1,150.00
Live Poultry	80.00
RX Bottle Money (Sales)	138.00
Telco Refunds	35.05
Newark TB Epi Project	390.00
Miscellaneous	145.90
Fees, birth, death & marriage records, permits and transit	79,303.00

\$85,345.50

DOG CONTROL ACCOUNT

A separate "Dog Control Account" is also kept. Dog License Receipts maintain the fund which pays all cost except salaries, such as dog trucks, rabies - vaccinations fees and equipment.

	<u>1972</u>	<u>1973</u>
Balance on January 1, 1973		13,301.00
Transfer from Dog Control Account		30,000.00
		<u>43,301.00</u>

Disbursements

State Fees	4,766.00
Shelter Rent	18,000.00
Vaccinations	6,385.00
Stationery Printing	234.50
Miscellaneous	6,259.93
Balance on hand 12/31/73	35,645.43
	<u>7,655.57</u>

Receipts Collected - 1973

9,516 Dog Licenses	38,064.00
1 Pet Shop License	10.00
2 Kennel Licenses	<u>50.00</u>
Total 1973 Receipts	38,124.00

# DISPENSARY SERVICES

## STATISTICS 1973

CLINIC	FIRST VISIT	1ST VISIT THIS YR. PREVIOUSLY CARRIED	REVISITS	TOTAL VISITS
Allergy	54	89	1000	1143
Chiroprady	72	104	445	621
Eye	751	244	1129	2124
Medical	996	1303	7425	9724
Med. Eval. Center				
Welfare	1151	-	496	1647
Metabolic	86	170	928	1184
Pediatric	185	24	358	567
Skin	95	105	181	381
Blood Tests-VDRL		6431 (do not add with other figures)		
Infections				1997
Total Visits	3390	2039	11962	19169

Total Patients Therapeutic Clinics	New Cases	Re-Register Current Year	Total Patients	Total Visits	D.P.W.
Year 1973	1641	1884	3490	19169	1979

Note: Tuberculosis Clinic - See Bureau of Chest Disease Department Report.  
Venereal Disease Clinic - See Bureau of Venereal Disease Report.

## OTHER SERVICES

<u>HEALTH EXAMINATIONS</u>	<u>TOTAL NUMBER</u>
Camp. Children	497
Domestic - Licenses	332
New Employees	505
Retirement	52
<u>Detection Clinics</u>	
Pap Smear (see report)	82
Diabetic Screenings (see report)	52
Bloods-Lead Screening	67
	Total - 1589
Patients Sent to Hospital from Dispensary	151
Immunizations (see report)	2768
X-rays Taken	14376

VITAL STATISTICS BUREAU



# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	_____	_____
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	_____	_____%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	_____	_____%

## PROGRAM NARRATIVE

### BUREAU OF VITAL STATISTICS

This Bureau received the following certificates as follows:

	<u>Births</u>	<u>Deaths</u>	<u>Marriages</u>
1972	7,582	3,929	3,562
1973	6,820	4,002	3,433

We prepare reference cards (3x5) for each, micro-film all of them, send the original certificates to the State Department of Vital Statistics in Trenton. All birth and death certificates are also noted on IBM sorting cards to assist in preparing studies and reports. Individual birth certificates are prepared and mailed, without charge, to parents of the new-born. Certified copies of out-of-town births and deaths must also be sent to the city of residence.

Burial permits are issued and many old records are re-issued by request. This is often a slow procedure. Prior to micro-filming, such data was copied, in pen and ink, in old bound books, most of which were rapidly deteriorating, but have not been micro-filmed since 1949, which require 5% of the space needed for the books and save hours of time, looking up even one old record.

The requests for old records such as births, deaths or marriages, is in addition to routine work outlined above. The actual cash receipts for 1973 was \$79,303 as compared with \$76,389 in 1972. The fees for such records are \$2.00 per record and \$1.00 each Transit and Burial or Removal Permits. There is also a charge of \$1.00 for a legal change in name.

Many free records, in addition to the above are supplied for veterans, school verification and official agencies and many thousands of corrections in the original certificates must be made.

### Birth Statistics

There were 6,820 births or a crude birth rate of 17.9 per M. Being a hospital center, Newark had 878 non-resident births; subtracting this, we have an adjusted total of 7,235 Newark births, or an adjusted rate of 19.0 per M., also there were 1,293 Newark births that took place out-of-town. Although, more of a social than public health problem, the rate of births out-of-wedlock is startling. Of the 3,089 births out-of-wedlock, 2,924 were Newark babies, which means that of the 6,820 Newark babies, over 40.4 per M. live births were reported as births out-of-wedlock.

### Heart Diseases

The major cause of mortality is organic heart disease, with 1,532 deaths in 1972, an increase of 128 as compared with 1,660 deaths in 1973.

### Maternal Mortality

There were 3 maternal deaths out of 7,235 births, plus 104 still-births. Maternal mortality has been decreased 80% since the Medical Society formed a Maternal Welfare Commission to cooperate in this work with us some 35 years ago.

COMMUNICABLE DISEASE DEATHS  
CAUSE OF DEATHS AND RATES  
OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

<u>DISEASE</u>	<u>DEATHS</u>	<u>RATES</u>	<u>DEATHS</u>	<u>RATES</u>
Epidemic Meningitis	0	0	0	0
Other Epidemic Meningitis	0	0	1	0.3
Tuberculosis of Lungs	18	4.7	18	4.7
Tuberculosis (Meningitis)	0	0	0	0
Tuberculosis (Other Forms)	1	0.3	1	0.3
Pneumonia (Other)	62	16.3	76	20.0
Broncho Pneumonia	35	9.2	51	13.4
Diarrhea (Under 5 Yrs.)	1	0.3	3	0.8
TOTALS	117	30.8	150	39.5

COMMUNICABLE DISEASE DEATHS BY CAUSE AND CODE NUMBER  
OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

<u>DISEASE</u>	<u>INTERNATIONAL CODE NUMBER</u>	<u>1972</u>	<u>1973</u>
Epidemic Meningitis	057	0	0
Other Epidemic & Inf. Dis.	082	1	0
Tuberculosis (Lung)	002	18	18
Tuberculosis Meningitis	010	0	0
Tuberculosis (Other Forms)	011-019	1	1
Pneumonia (Other)	492 & 493	76	62
Pneumonia (Broncho)	491	51	35
Diarrhea (Under 5 Yrs.)	571	3	1
		<hr/>	<hr/>
TOTALS		150	117

STILL-BIRTHS  
OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

<u>CAUSE</u>	<u>1972</u>	<u>1973</u>
Prematurity	30	19
Atelectasis	19	11
Congenital Malf.	12	8
Abruptio Placenta	25	25
Anoxia	36	28
Unknown	<u>28</u>	<u>13</u>
TOTALS	150	104

INFANTS UNDER 1 YEAR OF AGE  
OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

<u>YEAR</u>	<u>TOTAL DEATHS</u>	<u>UNDER 1 YEAR</u>	<u>UNDER 1 MONTH</u>	<u>UNDER 1 WEEK</u>	<u>UNDER 1 DAY</u>
1972	174	51	40	37	46
1973	168	47	23	39	59

INFANT MORTALITY RATES UNDER 1 YEAR OF AGE  
OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

<u>YEAR</u>	<u>RATE</u>	<u>RATES UNDER 1 YR.</u>	<u>RATES UNDER 1 MO.</u>	<u>RATES UNDER 1 WK.</u>	<u>RATES UNDER 1 DAY</u>
1972	22.6	6.6	5.2	4.8	6.0
1973	23.2	6.5	3.2	5.4	8.2

INFANT MORTALITY RATES (FIRST DAY - FIRST MONTH - FIRST YEAR, ETC.)

<u>Year</u>	<u>Under 1 Day</u>	<u>Next 6 Days</u>	<u>Under 1 Week</u>	<u>Over 1 Wk. Under 1 Mo.</u>	<u>Total Under 1 Mo.</u>	<u>Over 1 Mo. Under 1 Yr.</u>	<u>Total Under 1 Yr.</u>
1949	8.6	10.0	18.6	3.4	21.9	7.1	29.0
1954	11.2	7.2	18.3	3.2	21.5	7.1	28.6
1959	12.0	10.8	22.8	3.5	26.4	9.5	35.9
1963	15.8	10.3	26.1	2.7	28.7	6.2	34.9
1968	14.7	8.5	23.1	3.7	26.8	9.9	36.8
1970	12.9	9.5	22.4	3.6	26.0	9.2	35.3
1971	18.0	8.4	26.4	3.8	30.2	10.2	40.4
( 1972	9.8	8.4	18.2	5.9	24.1	9.6	33.8

TOTAL DEATHS OCCURRING IN NEWARK AMONG NEWARK RESIDENTS

BY RACE AND SEX

<u>Total Deaths</u>	<u>Rate</u>	<u>W.</u>	<u>N.W.</u>	<u>M.</u>	<u>F.</u>	<u>Total Deaths</u>	<u>Rate</u>	<u>W.</u>	<u>N.W.</u>	<u>M.</u>	<u>F.</u>
Non-Res. 1,129	3.0	967	162	678	451	Non-Res. 1,246	3.3	1,033	213	696	550
Resident 2,800	7.4	1283	1517	1630	1170	Resident 2,756	7.3	1,312	1444	1548	1208
TOTALS 3,929	10.3	2250	1679	2308	1621	TOTALS 4,002	10.5	2,345	1657	2244	1758

DEATHS BY AGE GROUPS OCCURRING IN NEWARK

AMONG NEWARK RESIDENTS

<u>Year</u>	<u>Under 5 Yrs.</u>	<u>5-14</u>	<u>15-24</u>	<u>25-44</u>	<u>65 &amp; Over</u>	<u>Total Deaths</u>
1972	213	30	99	348	1,252	2,800
1973	196	32	93	310	1,320	2,756

INFANT DEATHS (1YEAR) BY CAUSE AND CODE NUMBER

AMONG NEWARK RESIDENTS

<u>DISEASE</u>	<u>INTERNATIONAL CODE NUMBER</u>	<u>1973</u>	<u>1972</u>
Septicemia	768	0	0
Bronchitis	502	0	0
Stomach	541.0	0	0
Cirrhosis of Liver	581	0	0
Epidemic Meningitis	057	0	0
Long. heart disease	754	0	0
Simple Meningitis	340	1	2
Apoplexy - Brain Soft.	760.5	0	0
Other Respiratory Disease	522	0	0
Pneumonia (Other)	763.5	3	13
Pneumonia (Broncho)	763	10	4
Diarrhea (Under 5 Years)	571	1	2
Hernia & Int. Obstruction	560.5	0	0
Cong. Debility and Malf.	790.1	143	143
Whooping Cough	056	0	0
Accident	K933	6	7
Homicide	E982	0	1
Ill-Defined	795	4	2
All Other	780	0	0
<b>TOTALS</b>		<b>168</b>	<b>174</b>

TOTAL DEATHS BY AGE GROUP 1923-1973

Year	Total Deaths	Under 1 Yr.	1 and under 2	2 and under 5	Total under 5	5-14	15-24	25-44	45-64	Over 65
1923	5,221	756	163	136	1,055	196	305	872	1,503	1,290
1933	5,128	356	68	96	520	141	215	914	1,775	1,563
1943	5,702	367	24	44	435	61	148	660	2,074	2,313
1953	5,387	364	24	33	421	39	55	493	1,906	2,473
1958	4,971	437	39	32	508	33	41	425	1,596	2,368
1963	5,338	468	34	39	541	41	84	466	1,571	2,635
1968	4,669	374	23	27	424	44	117	455	1,442	2,187
1971	4,184	365	16	24	405	36	145	482	1,269	1,847
1972	3,929	256	24	26	306	46	117	443	1,215	1,802
1973	4,002	312	14	25	351	43	114	396	1,164	1,934

OTHER INTERESTING HEALTH TRENDS 1923-1973

Year	Deaths Under 1 Year	Infant Mortality	Births	Birth Rate	Diarrhea Deaths 5 Years	Tuber-culosis Deaths	Tuber-culosis Death Rate	Bright's Disease Deaths	Organic Heart Deaths
1923	756	68.0	11,110	25.3	133	406	92.5	340	727
1933	356	45.1	7,897	17.6	18	388	85.8	228	1,091
1943	367	30.9	11,856	26.9	15	294	66.8	276	1,975
1953	364	25.8	14,116	32.1	6	97	22.0	241	1,963
1958	439	32.1	13,615	30.5	8	52	11.6	178	2,007
1963	468	34.9	13,427	32.7	14	46	11.2	163	2,093
1968	374	36.8	10,168	24.8	1	28	6.8	107	1,915
1971	365	40.4	9,044	23.8	5	20	4.8	125	1,624
1972	256	33.8	7,582	20.0	3	18	4.7	108	1,532
1973	312	45.7	6,820	17.9	4	18	4.7	87	1,660

DEATHS UNDER ONE YEAR - BY CAUSES OF DEATH - 1923 - 1973

Year	Measles	Bronchitis	Pneumonia	Meningitis	Diarrhea	Other Cong. Diseases	Congenital Premature	All Other	Total
1923	15	32	94	10	105	21	376	103	756
1933	2	2	75	2	18	10	191	56	356
1943	0	1	41	5	14	5	255	46	367
1953	0	3	23	2	6	1	297	32	364
1963	0	0	23	6	13	0	387	39	468
1968	0	0	42	5	1	0	300	26	374
1971	0	0	9	1	5	0	315	35	365
1972	0	0	24	2	2	0	218	10	256
1973	0	0	15	1	4	0	282	10	312



STILL-BIRTHS AND MATERNAL DEATHS

<u>Year</u>	<u>Puerperal Deaths</u>	<u>Maternal Mort. Rate Per 1,000 Deliveries</u>	<u>Births</u>	<u>Still-Births</u>	<u>Still-Births Per 1,000 Deliveries</u>
1968	2	0.2	10,168	212	20.8
1969	4	0.4	9,904	197	21.5
1970	1	0.1	9,946	187	18.8
1971	6	0.7	9,044	188	20.8
1972	3	0.4	7,582	150	19.8
1973	3	0.4	6,820	104	15.2

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LIVE BIRTHS IN NEWARK

1972

1973

<u>Births</u>	<u>White</u>		<u>Non-White</u>		<u>Births</u>	<u>White</u>		<u>Non-White</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>		<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Non-Res. 1070**	336	328	192	214	Non-Res. 878	283	222	178	195
Resident 6152	1053	940	2320	2199	Res. 5942***	958	876	2036	2072
Rates*	13.7	12.2	30.2	28.6	Rates*	13.2	12.1	28.1	28.6
TOTALS 7582	1389	1268	2512	2413	TOTALS 6820	1241	1098	2214	2267

NOTE: \* Rates figured Newark Resident-Births in Newark.  
 \*\* Non-Resident Births in Newark.  
 \*\*\* Newark Resident Births in Newark

PLACE OF BIRTHS IN NEWARK

<u>Births</u>	<u>Births at Hosp.</u>	<u>Drs.at Home</u>	<u>Others</u>	<u>Births</u>	<u>Births at Hosp.</u>	<u>Drs.at Home</u>	<u>Others</u>
Non-Res.1070**	1069	0	1	Non-Res.878**	878	0	0
Res. 6512***	6435	55	22	Res. 5942***	5866	55	21
TOTALS 7582	7504	55	23	TOTALS 6820	6744	55	21

NOTE: \*\* Non-Resident Births in Newark  
 \*\*\* Newark Resident Births in Newark

BIRTHS BY WARDS IN NEWARK AMONG RESIDENTS

BY SEX AND COLOR

<u>WARDS</u>	<u>TOTAL BIRTHS</u>	<u>WHITE</u>		<u>NON-WHITE</u>		<u>TOTAL BIRTHS</u>	<u>WHITE</u>		<u>NON-WHITE</u>	
		<u>MALE</u>	<u>FEM.</u>	<u>MALE</u>	<u>FEM.</u>		<u>MALE</u>	<u>FEM.</u>	<u>MALE</u>	<u>FEM.</u>
North	1498	474	395	324	305	1397	410	399	291	297
East	1213	387	382	230	214	1101	381	321	184	215
West	935	110	93	361	371	857	103	92	327	335
South	1773	50	44	852	827	1571	37	36	767	731
Central	1093	32	26	553	482	1016	27	28	467	494
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TOTALS	6512	1053	940	2320	2199	5942	958	876	2036	2072

ILLEGITIMATE BIRTHSBIRTHS OCCURRING IN NEWARK AMONG NEWARK RESIDENTS AND SHOWING PLACE OF BIRTH

MONTH	<u>1972</u>				<u>1973</u>			
	<u>TOTAL</u>	<u>BORN AT HOSPITAL</u>	<u>BORN AT HOME</u>	<u>BORN ELSEWHERE</u>	<u>TOTAL</u>	<u>BORN AT HOSPITAL</u>	<u>BORN AT HOME</u>	<u>BORN ELSEWHERE</u>
Jan.	279	275	4	0	295	291	2	2
Feb.	251	248	1	2	255	252	2	1
Mar.	242	239	3	0	229	227	2	0
April	227	223	2	2	202	201	0	1
May	274	268	5	1	246	243	2	1
June	221	218	3	0	231	230	1	0
July	251	250	0	1	280	275	5	0
Aug.	218	216	0	2	252	248	4	0
Sept.	274	271	2	1	261	254	3	4
Oct.	242	238	3	1	256	251	4	1
Nov.	216	215	1	0	239	238	1	0
Dec.	243	240	2	1	178	176	2	0
Totals	2938	2901	26	11	2924	2336	28	10

ILLEGITIMATE BIRTHS IN NEWARK AMONG NEWARK RESIDENTS BY WARDS

<u>MONTH</u>	<u>TOTAL</u>	<u>N.</u>	<u>E.</u>	<u>W.</u>	<u>S.</u>	<u>C.</u>	<u>TOTAL</u>	<u>N.</u>	<u>E.</u>	<u>W.</u>	<u>S.</u>	<u>C.</u>
Jan.	295	37	29	55	97	77	279	33	46	50	97	53
Feb.	255	51	41	38	73	52	251	45	22	39	88	57
Mar.	229	44	29	30	70	56	242	51	19	34	86	52
Apr.	202	35	21	29	68	49	227	38	24	36	74	55
May	246	51	22	42	76	55	274	53	29	45	83	64
June	231	36	32	29	74	60	221	35	31	25	82	48
July	280	53	27	53	83	64	251	39	27	41	80	64
Aug.	252	53	27	26	83	63	218	42	24	29	81	42
Sept.	261	42	32	35	101	51	274	39	38	47	89	61
Oct.	256	57	29	37	78	55	242	39	29	33	77	64
Nov.	239	49	23	34	72	61	216	44	22	25	71	54
Dec.	178	45	26	33	47	27	243	34	32	40	79	58

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Totals	2924	553	338	441	922	670	2938	492	343	444	987	672
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Rates  
Per 1000  
Live  
Births

40.4	7.6	4.7	6.1	12.7	9.3	38.2	6.4	4.5	5.8	12.8	8.7
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Rates  
Per 1000  
Popula-  
tion

7.7	1.4	0.9	1.2	1.4	1.8	7.7	1.3	0.9	1.2	2.6	1.8
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TOTAL BIRTHS

<u>YEAR</u>	<u>BIRTHS</u>	<u>NON-RESIDENTS</u>	<u>NWK. RESIDENTS</u>
1972	7582	1070	6512
1973	6820	878	5942

N. North Ward      W. West Ward      C. Central Ward  
E. East Ward      S. South Ward

## GENERAL MORTALITY

The following tables show the estimated population, crude deaths and death rate, as well as adjusted deaths and death rate since 1943. The Census for 1970, however indicates a total of only 376,000, a reduction of 29,000 since the 1960 Census. We feel certain the census takers missed a great many, especially in the over-crowded sections of the City. We have adjusted our estimates in the following table for each of the past years to comply with the Official Census Totals.

### CRUDE AND ADJUSTED DEATH RATES

<u>YEAR</u>	<u>POPULATION IN 1,000's</u>	<u>CRUDE DEATHS</u>	<u>CRUDE RATE</u>	<u>ADJUSTED DEATHS</u>	<u>ADJUSTED RATE</u>
1943	440	5,523	12.6	5,043	11.5
1948	445	5,222	11.7	4,382	9.8
1953	432	5,387	12.5	4,389	10.0
1958	413	4,971	12.0	3,950	9.5
1963	410	5,338	13.0	4,167	10.2
1968	410	4,669	11.4	3,552	8.7
1971	380	4,184	11.0	4,151	10.9
1972	380	3,929	10.3	3,908	10.3
1973	380	4,002	10.5	3,771	9.9

### PRINCIPAL CAUSES OF DEATH

The major causes of Newark deaths, including non-residents and the known deaths of Newarkers dying from Tuberculosis in out-of-town sanatoria were as follows:

	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
Organic Heart Disease	2067	2039	2049	1825	1915	1709	1673	1624	1532	1660
Cancer	771	763	722	695	658	624	656	612	606	578
Apoplexy	496	460	478	464	374	333	325	335	318	346
Congenital Disease	364	321	294	350	300	250	292	315	218	282
Pneumonia & Respiratory Dis.	402	366	253	254	396	297	342	292	306	246
Bright's Disease & Nephritis	102	90	101	97	107	95	120	125	108	87
Tuberculosis	48	42	34	36	29	20	24	20	18	18

## GENERAL MORTALITY

The adjusted General Mortality Rate has increased from 10.3 per M. in 1973 based on an estimated population of 380,000 to 10.5 per M. in 1973. However, Heart Disease and Cancer still are our greatest killers and much work still has to be done in the field of Chronic Disease Control.

## INFANT MORTALITY

Infant Mortality showed an increase from 3318 in 1972 to 45.7 in 1973. However, it should be noted that while Congenital Debility and Prematurity are still the greatest causes of death under 1 year of age, the actual numbers have increased slightly.

### INFANT DEATHS BY AGE GROUPS

<u>YEAR</u>	<u>TOTAL</u>	<u>UNDER 1 YR.</u>	<u>UNDER 1 MO.</u>	<u>OVER 1 WK. &amp; UNDER 1 MONTH</u>	<u>UNDER 1 WEEK</u>	<u>NEXT 6 DAYS</u>	<u>UNDER 1 DAY</u>
1967	412	88	324	37	287	98	189
1968	374	101	273	38	235	86	149
1969	326	111	215	30	185	67	118
1970	351	92	259	36	223	94	129
1971	365	92	273	34	239	76	163
1972	256	73	183	45	138	64	74
1973	312	71	241	47	194	96	98

# INFANT DEATHS

## PLACE OF DEATH BY AGE GROUPS

1972

1973

INSTITUTION	1972					1973				
	TOTALS	UNDER 1 YEAR	UNDER 1 MONTH	OVER 1 WEEK & UNDER 1 MONTH	UNDER 1 WEEK	NEXT 6 DAYS	UNDER 1 DAY	TOTALS	UNDER 1 YEAR	UNDER 1 MONTH
MARTLAND	98	30	68	13	55	22	33	84	28	56
BETH ISRAEL	70	16	54	14	40	26	14	79	12	67
COLUMBUS	6	2	4	0	4	1	3	2	0	2
ST. JAMES	12	2	10	1	9	2	7	17	4	13
ST. MICHAEL'S	20	6	14	1	13	6	7	28	6	22
UNITED	46	13	33	16	17	7	10	100	19	81
HOME	4	4	0	0	0	0	0	2	2	0

GRAND TOTALS	256	73	183	45	138	64	74	312	71	241
				47	194	96	98			



# ACCIDENTAL DEATHS IN NEWARK AMONG IN-MARK RESIDENTS BY CAUSE AND AGE GROUP

1972

1973

CAUSE OF 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CAUSES OF DEATHS OCCURRING IN NEWARK AMONG NEWARK RESIDENTS AND RATES

CAUSE	<u>1973</u>		<u>1972</u>	
	<u>DEATHS</u>	<u>RATES</u>	<u>DEATHS</u>	<u>RATES</u>
Diabetes	27	7.1	61	16.1
Pulm. Emb. & Inf.	31	8.2	34	8.9
Leukemia	14	3.7	7	1.8
Hepatitis	6	1.6	13	3.4
Peritonitis	5	1.3	9	2.4
Epidemic Meningitis	0	0	0	0
Other Epidemic Diseases	0	0	1	0.3
Tuberculosis of Lungs	18	4.7	18	4.7
Tuberculosis Meningitis	0	0	00	0
Other Tuberculosis	1	0.3	1	0.3
Cancer	354	93.2	361	95.0
Simple Meningitis	3	0.8	6	1.6
Apoplexy	247	65.0	238	62.6
Organic Heart Disease	1181	310.8	1133	298.2
Bronchitis	1	0.3	3	0.8
Pneumonia (Other)	62	16.3	76	20.0
Pneumonia (Broncho)	35	9.2	51	13.4
Other Respiratory Diseases	69	18.2	79	20.8
Stomach	5	1.3	4	1.1
Diarrhea (Under 5 Years)	1	0.3	3	0.8
Appendicitis	0	0	2	0.5
Hernia Int. Obst.	9	2.4	11	2.9
Cirrhosis of Liver	74	19.5	79	20.8
Bright's Disease	62	16.3	70	18.4
Puerperal Septicemia	3	0.8	3	0.8
Other Puerperal	0	0	0	0
Congenital Debility	143	37.6	143	37.6
Accident	105	27.6	125	32.9
Homicide	124	32.6	123	32.4
Suicide	26	6.8	26	6.8
Ill-Defined	77	20.3	60	15.8
All Others	<u>73</u>	<u>20.2</u>	<u>60</u>	<u>15.8</u>
TOTALS	2756	7.3	2800	7.4

PUBLIC HEALTH LABORATORIES BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Public Health Laboratories	MANAGER: Frank J. Giasulli
GOAL 1. To conduct routine VDRL tests and lead determination tests. 2. To redevelop the Public Health Laboratories into a viable system.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1a. In conjunction with the Health Division Environmental Sanitation Bureau chemically analyze paint chips for lead.	X		
1b. Conduct tests for syphilis in conjunction with Venereal Disease Bureau.	X		
-2-			
1. Prepare rational and goals for the redevelopment of the Public Health Laboratories, to a more effective ability of service to the public.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	3	—
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	3	100
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0

## PROGRAM NARRATIVE

### PUBLIC HEALTH LABORATORIES

#### Program Goal:

The Health Department laboratories render a key service for the City of Newark, since the Health Department has been in existence. Its functions have been, and still are, to render services to all City institutions, hospitals and private doctors.

In conjunction with community groups, and the Health Division Environmental Sanitation Bureau, paint chip samples are analyzed for lead. This program is now in full operation in our chemical laboratory.

#### Program Objective:

##### Serology Laboratory

In addition to our routine VDRL tests for syphilis, I would like to render a more complete serological profile, by doing the highly accurate Fluorescent Antibody Absorption test for syphilis (FTA-ABS). Also we should start a program of doing gonorrhea cultures, to render a complete venereal disease service to the citizens, and institutions of our community.

Also, I would like to introduce the services of routine tests for Hepatitis, both serum and infectious types. Routine Rubella tests and ASO-titres.

##### Chemistry Laboratory

With the semi-quantitative analysis performed on paint and paint chips, for lead determination. I would like to add the services for such tests as Mercury and other heavy metals. In addition to restore our services as a public health laboratory to our Environmental Sanitation Bureau, our Veterinary Meat Inspection Bureau and Contagious Bureau and our Food and Drug Bureau. These services were available to the above mentioned Bureaus, up until 1972 when due to an economy cut these services were discontinued. The services rendered were: routine samples of utensil swabbings, ice cream, and frozen confections, milk, cream, pools, and city water, meat poultry, and fish products, and miscellaneous foods as the situation called for, to determine compliance with legal requirements.

### Bacteriology Laboratory

The following tests were available prior to 1972, when these services were discontinued. As in our Chemistry Laboratory, these tests should be restored as routine services. Diphtheria Culture, Tuberculosis Sputa for Cultures, Typhoid-stool for Culture, Feces for Dysentery, Amoeba, ova and parasites, Rabies, Vincent's Angina smears, Gonorrhea smears and Cultures, routine examinations for water-pool, milk and ice cream, frozen confections, swabs for utensils, pollen counts, meat, poultry and fish products and miscellaneous foods as the situation called for, to determine compliance with legal requirements.

### Pathology Laboratory

As a service to all our 50,000 patients who visit our Dispensary Clinic yearly these services are available: spinal fluid test, Rh-factor and blood typing, heterophile antibody test, urinalysis, complete blood counts, all types of blood chemistry, bleeding and clotting time, and other laboratory tests the physicians in our dispensary clinics and keep-well stations require us to do. With the use of automated equipment our daily work load can increase to any proportion.

### Compliance

Through standardization, establish rational specifications for type of analysis, measurements, quality, processes and practices.

Through simplification, decrease the cost and complexity of assays, by reducing the variety of products and services through the elimination of non-essential differences.

Through diversification, increase analysis and stabilize service, by adding new tests, and make possible a balanced line of assays. It will eliminate seasonal slumps and keep our keep-well stations busy the year round.

Advantage of special purpose equipment - Specialized facilities make possible, high output with low labor cost and investment per unit. They make possible close uniformity in the quality of tests so that there is less need for retesting.

### Milestones

Quality control and standardization serves as a check and balance system, used for the systematic observation of quality and interpretation of variability; then corrective action can be undertaken. Proper standardization and effective control of reagents, instruments and analysis, insure uniform quality in the tests performed in our laboratories.

Resource Requirement

One which is needed to carry out program objective:

1. Selection of qualified personnel, whose qualifications measure up to the requirements of each position.
2. 2 Chemists
  - 1 Serologist or Serologist Technician
  - 4 Medical Technologists
  - 2 Laboratory Assistants
  - 1 Clerk-Steno
  - 1 Female maintenance worker (Light cleaning)
  - 1 Male maintenance worker (Heavy duty work, floors, etc.)
  - 2 Bacteriologists

With the addition of the above mentioned staff, a stream lined internal structure to competitive efficiency, and the returning to the citizens of Newark, services necessary to administer good, sound, public health services.

The realization of this need is paramount in getting the cooperation of department heads, without which no re-organization can be successful.

## PUBLIC HEALTH LABORATORIES

## STATISTICAL REPORT

1973

CHEMISTRY LAB

Paint chips for lead determination # of samples	6,471
Misc. samples (meat)	3
Total number of positive (lead & meat)	1,560
Pool waters	280
Total # of sample analysis	8,314

PATHOLOGY LAB

Blood chemistry	592
Urines	5,911
hematology (CBC)	686
RH Factor	309
Misc. tests	50
Total	7,548

SEROLOGY LAB VDRL TESTS

Non-reactive	58,268
Weakly reactive	1,202
Reactive	2,988
Quant. VDRL tests	29,330
Total	91,788

BACTERIOLOGY LAB

Foods	6
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GRAND TOTAL TEST	<u>107,656</u>
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HEALTH EDUCATION BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Health Education Bureau	MANAGER: Phillip F. Howard
GOAL To expand health education programs			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Plan and implement a comprehensive Health Education Program with other social agencies by April 30, 1973	X		Because of lack of staff, accomplishment was delayed until the latter part of 1973.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	1	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	1	100%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0%

## PROGRAM NARRATIVE

### HEALTH EDUCATION BUREAU

During the latter part of 1973 the Bureau of Health Education was re-established to meet the health needs of the Newark community and the Health Division. Any analysis of Newark's health statistics would verify that many of the leading causes for mortality and morbidity are due primarily to factors that can be prevented or controlled. Diseases such as venereal disease, lead poisoning, hypertension, diabetes, etc., are problem areas that plague many urban centers, and Newark is no exception.

The Bureau of Health Education is an important aspect in the public health endeavors of the Newark Division of Health. Its ultimate goal is the betterment and improvement of health behavior among individuals in particular, and the health status of Newark's community in general. This Bureau is not only concerned with maintenance, promotion and improvement of health for individuals and the community, but also it is concerned with the improvement in the quality of care that the City's Health Department provide.

Health education, as a discipline is concerned with people and their health behavior; as a process it is concerned with increasing the awareness and understanding of health needs and ultimately to change behavior so as to achieve and maintain a reasonable level of health appropriate to one's own needs and those of the community.

Effecting a positive health behavior in Newark is not an easy task because like people everywhere there is apathy and resistance to change on the part of individuals and institutions within the community. However, the Bureau of Health Education is committed to this task, and strategies have been used to achieve results.

Strategies used in the past centered around disseminating health information to the community as to accessibility of, availability of and scope of services in programs sponsored in the community, i.e. Diabetes Detection Program. This is a necessary step as a first level approach because often individuals in the community lack information necessary to act.

Health information, although necessary, is not necessarily sufficient to bring about a positive health response. Therefore, as a second level approach, community organization techniques have been used, and although not done extensively, an individual approach has been used to change health information into health action. Admittedly, the Bureau is not always successful in this end but is constantly striving for results.

Because health education is a complicated process results are not always immediate, but any overall cost-benefit analysis will prove its importance.

The Bureau of Health Education realizes its responsibility to providers of health care and service vis-a-vis the City Dispensary. Although the ultimate responsibility for a health behavior is within the individual, the health personnel play an important part in impeding or facilitating the individual toward achieving optimal health.

Therefore, health education should not be an adjunct to health programs sponsored by the Division, but rather it should be intrinsic within health programs. The success of health care delivery by the Health Division is proportionately depended upon this concept.

To meet its broad objectives, the Bureau of Health Education functions under five broad services and activities.

1. Program development, planning and implementation.
2. Communication for health information.
3. Community organization and public relations.
4. Training and continuing education.
5. Health education consultation.

#### MAJOR ACCOMPLISHMENTS

- A. The Newark Health Division entered into a contract with Venereal Disease Service Organization to provide venereal disease education and information on a continuous, intensive and coordinated basis in Newark.
- B. Continuous in-service training for out-reach workers in the lead poison project. The purpose of these sessions is to acquaint the workers to the broader aspects of public health and to indirectly influence their participation and productivity in lead poisoning outreach.
- C. A venereal disease hot line service was established between the Newark's Health Division and United Hospitals to provide a personal response to questions. This is an improvement over the former hot line system which only provided the caller with a recorded message.
- D. A coordinated effort for glaucoma and cataract screening took place with the Lion's Club, the Eye Institute, New Jersey Commission for the Blind, the Medical Society of New Jersey and the Newark Health Department participating.

Results:

Glaucoma and Cataract Testing

Total persons tested	800
Suspected Glaucoma	80
Suspected cataract	64
Positive Referral Diagnosis	*

- E. The Newark Health Division sponsored a diabetes screening and referral program in several of the senior citizens centers. A number of community groups and leaders participated in implementing the program, and the overall response was favorable.

Results:

Diabetes Testing

Total persons tested	710
Positive high blood sugar	48
Total referrals	48
Referral diagnosis (21 of 48)	
Diabetic	7
Non-diabetic	14

NUTRITION SERVICES BUREAU

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Nutritional Services	MANAGER: Jenice Rankins
GOAL To provide optimal nutritional services to the Newark citizenry, directing particular attention to those groups of citizens most in need of nutritional guidance.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Provide nutritional guidance for all participants of the Division of Health.	X		
2. Be instrumental in the initiation of funds for nutritional programs for target groups.	X		
3. Provide consumer education.	X		
4, 5 & 6.  Provide timely and accurate consumer nutritional information through workshops, educational conferences and classes.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	. 6	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	6	100%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0%

## PROGRAM NARRATIVE

### SUMMARY OF NUTRITIONAL SERVICES OFFERED IN 1973

<u>Objective</u>	<u>Area of Service</u>	<u>Type of Service</u>
1. Established health services	a. City Dispensary b. Public Health Nurses c. Child Health Conferences	a. Diet counseling b. Informational c. Planning
2. Funded Nutrition Programs	a. Special Supplemental Food Program for Children b. Supplemental Foods Program for Women, Infants & Children c. Nutrition Program for the Elderly	a. Nutritional Consultant and Nutritional Education b. Program Planning c. Consultant, planning & Administrative duties
3. Resource Person	a. Students, consumers and para-professionals	a. Informational
4. Consumer Education	a. General Public	a. Mass Media (radio)
5. Community Health Programs	a. Workshops	a. Informational & Instructional
6. Educational Conferences & Workshops	a. Society for Nutrition Education b. APHA Conference c. Annual Health Planning Conference d. Various local programs	a. Informational & Instructional b. Informational & Instructional c. Informational & Instructional d. Informational & Instructional



## Nutritional Services

Page 2

Only in attempting to implement the preceeding objectives was the true scope of our nutritional problems identified, and its magnitude appreciated. Although some nutritional programs have been implemented and others are being planned, they are not nearly portional to the need. Poor eating habits, limited incomes, as well as poor buying and preparatory practices, all of which are highly prevelant, intensifies our nutritional problems.

Finally, my recommendation for the most thorough and effective means of improving the nutritional status of Newark's citizens is the formation of Nutrition Bureau, staffed and equipped to work in areas of nutritional research, consumer education, clinical nutrition, basic and therapeutic nutrition education and program planning.

[illegible]

#### HEALTH PROJECTS

1. Newark Health Planning Agency
2. Lead Poisoning Prevention and Control
3. Retired Senior Volunteer Program
4. Nutrition Program for the Elderly
5. Non-Emergency Transportation
6. Health Delivery Subsystems
7. Urban Rodent and Insect Control

DEPARTMENT OF HEALTH AND WELFARE

James A. Buford, Director

HEALTH PROJECTS

NEWARK HEALTH PLANNING AGENCY	Carl W. Wilson, Chief Health Planner
LEAD POISONING PREVENTION & CONTROL	Clarence Parker, Project Director
RETIRED SENIOR VOLUNTEER PROJECT	Mrs. Rosa Thorton, Project Director
NUTRITION PROGRAM FOR THE ELDERLY	Ms. Genice Rankins, Acting Project Director
NON-EMERGENCY TRANSPORTATION	William T. Farrow, Project Director
HEALTH DELIVERY SUBSYSTEMS	Dr. John Waller, Director
URBAN RODENT & INSECT CONTROL	Howard Lawson, Project Director

NEWARK HEALTH PLANNING AGENCY

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health Project	AGENCY OR BUREAU: Newark Health Planning Agency	MANAGER: Carl W. Wilson
GOAL 1. To involve community consumers and providers in overall comprehensive health planning for the City.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. To plan and implement the Second Annual Comprehensive Health Planning Workshop.	X		
2. To write the first draft of the 1974 Comprehensive Health Plan for the City at the workshop session with input of local consumers and providers.	X		
3. To develop and circulate a bi-monthly Health Planning Newsletter.	X		
4. Develop 1973 Statistical Chart Book.	X		
5. To develop at least 4 informative publications for distribution throughout the community.	X		
6. To develop and implement a Health District Plan in order to pinpoint areas of health need and provide accurate statistical data for local consumers and providers.	X		

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Newark Health Planning Agency	<b>MANAGER:</b> Carl W. Wilson
<b>GOAL</b> 2. To develop funding proposals which address themselves to the critical health needs of the Newark community.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. To develop a proposal for a comprehensive Emergency Transportation System for the City of Newark and secure funding.	X		
2. To develop a proposal for a comprehensive Non-Emergency Transportation System for the City of Newark and secure funding.	X		
3. To develop and secure funding for a Supplemental Food Program for Women, Infants and Children.	X		
4. To secure funds to begin developmental disabilities planning.	X		
5. To secure federal, state and local funds for a geographically coded and health information system.		X	Only local funds have been secured.
6. To develop an Air Pollution Control grant for the City of Newark.	X		

# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Newark Health Planning Agency	<b>MANAGER:</b> Carl W. Wilson								
<b>GOAL</b> 3. To review and comment on all health proposals generating in Newark, seeking local, state and federal funds.											
<b>OBJECTIVES</b>  1. To begin official review and comment tie in with the B Agency's Review Cycle.  2. To review all health proposals within the framework of the 1973 Comprehensive Health Plan.  3. To have all proposals reviewed by the Advisory Council.	<b>Accomplished</b> <table border="1"> <tr> <th data-bbox="634 357 727 383">Yes</th> <th data-bbox="727 357 822 383">No</th> </tr> <tr> <td data-bbox="634 383 727 450">X</td> <td data-bbox="727 383 822 450"></td> </tr> <tr> <td data-bbox="634 450 727 518">X</td> <td data-bbox="727 450 822 518"></td> </tr> <tr> <td data-bbox="634 518 727 585">X</td> <td data-bbox="727 518 822 585"></td> </tr> </table>		Yes	No	X		X		X		<b>PROBLEMS</b>
Yes	No										
X											
X											
X											



## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Newark Health Planning Agency	MANAGER: Carl W. Wilson
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## GOAL

4. To upgrade and improve the quality of environmental health services in the Newark community.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. To develop field control operation procedures for the Air Pollution Program by September 1973 at a cost not to exceed 20 man days.	X		
2. To revise the Air Pollution Ordinance.	X		
3. To design a data collection and information flow system for the Bureau of Food and Drugs.	X		
4. To assist the Department of Health's management officials in implementing basic components for a comprehensive Environmental Health Management and Evaluation System by November 1973 at a cost not to exceed 50 working hours.	X		
5. To assess the existing environmental health resources by April 1973.	X		
6. To arrange for the creation of a continual in-service training system within the Department of H&W for the continual training of inspectors and health aides by December 1973.	X		
7. To design a research project for determining the methodology for upgrading the health code enforcement system by October 30, 1973.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	22	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	21	99 %
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	1	1 %

## PROGRAM NARRATIVE

### NEWARK HEALTH PLANNING AGENCY

The Newark Health Planning Agency (314 Sub B) evolved out of a desire by the City of Newark to actively participate in the planning of comprehensive health services for the City of Newark. A contract was signed on December 1, 1971 by and between the Hospital and Health Planning Council and the City of Newark. This contract called for the City to immediately establish a Sub B health planning agency with an advisory council, in accordance with federal guidelines for comprehensive health planning agencies.

The contract states specifically that the Newark Health Planning Agency will be the officially recognized community health planning agency of Newark and that it is charged with the responsibility of planning and reviewing all community health programs, projects and proposals which have a significant impact on the health care delivery system of the City of Newark.

With the advent of local revenue sharing as well as the flow of other state and federal funds into the City, for the delivery of health care, local government has seen the need for an official health planning agency to set citywide health goals, objectives and priorities; to review and comment on local health proposals; and to coordinate existing resources to eliminate fragmentation and duplication of services.

One essential step towards the eradication of the health crisis in Newark is that of careful, rational, systematic and coordinated health planning. Many of this Agency's activities during 1973 have been consumed in the development of a rational basis and conceptual framework for health planning in Newark.

The groundwork for this endeavor included collecting and systematizing various forms of health and health related data; taking an inventory of existing health resources; writing a comprehensive health service plan; dividing the city into health districts; initiating a computerized health information system; constructing a statistical health profile of the community; establishing meaningful relationships with other agencies and organizing an Advisory Council.

As a result of this 'tooling up' process of the Newark Health Planning Agency has prepared itself to intelligently review and comment on all health care proposals originating in Newark and seeking local, state and federal funding.

The following chart shows a cumulative progress summary of the accomplishments of the Newark Health Planning Agency during 1973.

CUMULATIVE PROGRESS SUMMARY

1973

DATES

Second Draft of Comprehensive Health Plan Developed _____	January, 1973
Agency Pamphlet Developed _____	January, 1973
Model for Neighborhood Workshop Developed _____	January, 1973
Developed a Comprehensive Noise Ordinance for the City of Newark _____	February, 1973
First Neighborhood Health Planning Workshop _____	March, 1973
First Bi-Monthly Newsletter Printed and Circulated _____	April, 1973
Development of a Medical Emergency and Non-Emergency Transportation System _____	April, 1973
Developed an Air Pollution Control Grant Proposal _____	May, 1973
Began Planning Activities for the Developmentally Disabled _____	July, 1973
Developed Publication on Adolescent Suicide _____	July, 1973
Developed a Field Control Operations Procedures Handbook for Air Pollution Control Agency _____	August, 1973
Developed and Secured Funds for 1.6 million dollar Supplemental Food Program for Women, Infants and Children _____	August, 1973
Began Official Review and Comment Tie In with the B Agency's Review Cycle _____	September, 1973
Developed 1973 Summary Statistical Chart Book _____	October, 1973
Second Annual Comprehensive Health Planning workshop _____	October, 1973
Developed and Published Health District Plan and Geo-Coded Street Index _____	December, 1973

NEWARK HEALTH PLANNING AGENCY PUBLICATIONS

Consumer Participation in Inner City Health Programs (1972)

Solid Waste Management in Medical Care Facilities (1973)

Food Borne Illness (1972)

Summary Statistical Chart Book (1972)

Newark Comprehensive Health Plan (1972)

Anotated Bibliography on Neighborhood Health Centers - Parts 1 & 2 (1973)

Consumers Guide to Health Indicators (1973)

Adolescent Suicide (1973)

Community Health Network Plan (1973)

Health District Plan (1973)

Summary Statistical Chart Book (1973)

Environmental Health Handbook (1973)

LEAD POISONING PREVENTION AND CONTROL

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Lead Poisoning Prevention and Control	MANAGER: Clarence Parker
<b>GOAL</b> To significantly reduce cases of childhood lead poisoning.			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	<b>Yes</b>	<b>No</b>	
1. Continued medical treatment and follow-up surveillance of all children with elevated blood lead levels.	X		
2. To screen 17,000 children residing in the "Lead Belt" during 01 year of operation.		X	"Objective unrealistic" in terms of number of screenings. A more attainable accomplishment would be 12,000.
3. Provision of lead free housing.	X		
4. Establishment of relocation facilities.		X	Contacts have been made, however, lead free housing is generally not available.
5. Program expansion to include the screening of dwellings occupied by children with a lead level of 40-49 mcg.	X		
6. To effect the signing of the contract between the City of Newark and the College of Medicine and Dentistry of New Jersey for services to be provided by the College.	X		
7. Expansion of the target area.	X		
8. To screen 4,000 children by September 18, 1973.	X		
9. To acquire and equip a second mobile van to provide 2 screening teams daily in the target area.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>9</u>	_____
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>7</u>	_____%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>2</u>	_____%

## PROGRAM NARRATIVE

### CHILDHOOD LEAD POISONING PREVENTION AND CONTROL PROGRAM

The purpose of this program is to identify, test, and refer to medical institutions Newark children with elevated blood lead levels and to identify the source of lead in each case and eliminate that source from the child's environment.

Persons to benefit from this program are 29,000 children presumed to be at risk out of a total target area population estimated to be 132,000.

The primary blood lead screening operation is conducted from two mobile vans which are located in different sections of the City each day. Blood samples are taken to the College of Medicine and Dentistry Laboratory where they are analyzed for lead content. All children with a blood lead level of 40 mcg and higher are visited by public health nursing service at which time siblings are also referred for screening, and the index case referred for a confirmatory blood test.

All dwellings of children with a blood lead level of 50 mcg and higher are visited by an inspector at which time paint samples are obtained from every room. These samples are analyzed at the municipal laboratories. Areas of dwellings which contain paint with lead in excess of 1% are required to have all lead paint removed to a height of 4 feet from the floor or otherwise made inaccessible to children. This is accomplished by written notice to the landlord, who is given 5 days to abate the violations.

The major program activities are field screening of children, dwelling inspection, health education, medical treatment, central lead registry data processing and laboratory analysis of blood specimens. The latter three services are contracted out to the College.

The Lead Poisoning Prevention Program is currently funded through June 30, 1974. A goal has been set to screen 12,000 children in the lead belt area during the current fiscal year which began July 1, 1973. From January-December 1973, we reached and screened 7,000 children with a total of 8,000 screened since our active neighborhood screening effort began in mid-October of 1972.

The various program components are self-administered, however, administrative control is vested in the project Director, who is responsible for coordination and performance of all the program components.

Childhood Lead Poisoning  
Page 2

Of the 7,000 children screened in 1973, 761 had blood lead levels sufficiently high to necessitate an environmental survey of their dwelling units by this program. Lead control inspectors took paint samples in 680 dwelling units during the year and visually inspected an additional 1,230. Notices of lead paint violations were served on the owners of 473 dwelling units. The owners of an additional 434 dwelling units received notices of violations related to peeling paint, defective sidewalls, and other non-lead paint violations such as plumbing defects which lead to the above conditions. Abatements of violations were effected in 719 of these dwelling units, 350 after legal action had been instituted.

Administrative hearings were conducted for 299 dwelling units and referrals to other agencies totaled 290 for the year.

Efforts of this program resulted in the hospitalization of 92 children for an average five day stay per child during which time they received treatment to eliminate the lead from the body. Also during 1973, 3,145 clinic visits were recorded during which children were treated, screened, retested or otherwise medically evaluated.

Children, upon discharge from the hospital should not be returned to the same leaded environment. Lead-free housing, however, is generally not available and although efforts have been made to provide relocation facilities these efforts have met with little success. This desirable but unmet objective will not be abandoned. (Avenues are continued to be explored whereby a lead poisoned child may be relocated during the period his dwelling unit is being de-leaded.

Another unmet objective for the screening of 17,000 children in a year has proven to be unrealistic. This figure was projected in 1968 and since that time approximately 17,000 children have been screened and many of these are already included in the system.



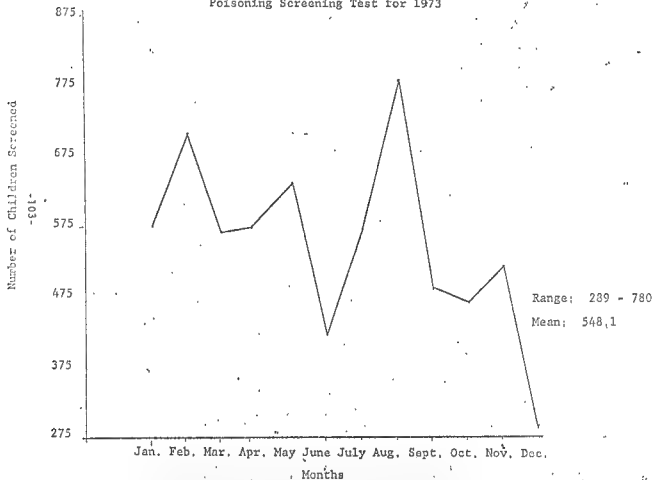
	<u>Patients</u>	<u>Non-Patients</u>	<u>Total</u>
No. of dwelling units inspected	680	1,230	1,910
No. of dwelling units re-inspected	2,366	3,385	5,751
No. of dwelling units on which notices were served	473	434	907
No. of dwelling units in which violations were abated	354	365	719
No. of dwelling units referred for legal action	94	256	350
Referral to other agencies	97	202	299

## CHILDHOOD LEAD POISONING PREVENTION AND CONTROL PROGRAM

FINANCIAL STATEMENT

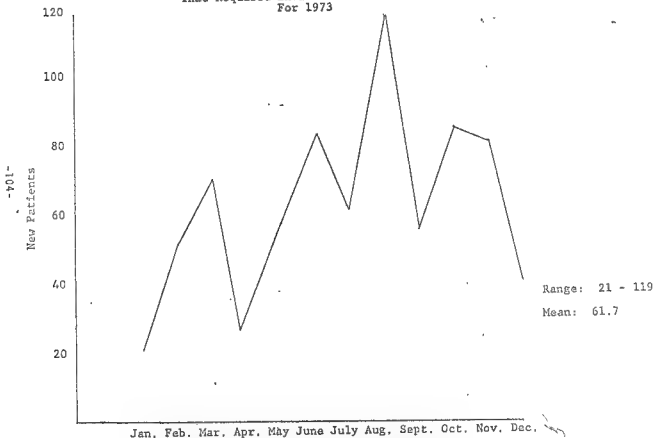
	<u>July 1972 to June 1973*</u>	<u>July 1973 to June 1974*</u>
Personal Services	65,694.02	276,575.00
Patient Care	35,000.00	42,095.00
Equipment	22,863.70	0.00
Other Costs-Travel	6,260.41	8,800.00
Data Processing	11,350.00	25,000.00
Rent	0.00	9,288.00
Supplies	10,348.82	20,580.00
Blood Test	50,104.00	40,000.00
TOTAL	201,620.95	422,338.00

\* Fiscal Year runs July to June

Number of Children Receiving Lead  
Poisoning Screening Test for 1973

CHILDHOOD LEAD POISONING PREVENTION AND CONTROL PROGRAM  
Newark, New Jersey

New Patients, 50 ug/ml or Above  
That Required Environmental Follow-up  
For 1973



RETIRED SENIOR VOLUNTEER PROGRAM

## 1973 ANNUAL OBJECTIVES

## REPORTING PERIOD:

January - December 1973

## DIVISION:

Health

## AGENCY OR BUREAU:

Retired Senior

Volunteer Program (RSVP)

## MANAGER:

Rosa Thornton

## GOAL

To contribute to the psychological, mental and physical well-being of Newark's elderly citizens by providing a means whereby the elderly may participate in the community's activities by volunteering their service to public agencies.

## OBJECTIVES

## Accomplished

## PROBLEMS

Yes

No

1. To reorganize and revise the RSVP budget to more effectively relate to the needs of the community it is to serve.
2. To initiate the organization and implementation of the RSVP program.
3. To establish RSVP headquarters and secure the operation of a volunteer office.
4. To execute recruitment program and develop public agency volunteer stations.

X

X

X

X

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	4	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	4	100%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0%

## PROGRAM NARRATIVE

RETIRED SENIOR VOLUNTEER PROGRAM

A Retired Senior Volunteer Program is inherently a local program. It is locally planned, operated, controlled, and supported. During the project period, which can be as long as five years, an RSVP operates with Federal assistance under the ACTION program.

The purpose of the program is to provide assistance to public and private non-profit agencies, to community groups and projects. More importantly it is to serve as a vehicle by which senior citizens may participate in the mainstream of activity in their respective community. Grants are provided to support the development and operation of programs providing community volunteer opportunities for persons 60 years of age and over and to cover the "out-of-pocket" expenses of these volunteers incident to their service, including lunch and transportation. Although Federal funds are available, the basic purpose of the program is to develop a sound senior volunteer service that has lasting community support.

The impact of the program, in the Newark community, is moving at a rate not as advanced as anticipated. Changes in operational policy and in the structure of the outreach efforts will be enacted to bring more retired seniors into the volunteer program. The purchase and use of a transport vehicle will also help develop the volunteer rolls. We hope to have the transport vehicle operating early in 1974. At the same time volunteer stations must be developed, enough diverse stations that will attract seniors with particular skills and abilities, or with preference for an activity. RSVP will be a viable community program, a service to the community and a benefit to the retired seniors.

# RSVP PROJECT

## 1973 STATISTICAL REPORT AND FINANCIAL STATEMENT

1. Current Number of Senior Volunteers		
a. Number active volunteers		6
b. Volunteers temporarily absent		0
c. Total senior volunteers		6
2. Number of new senior volunteers serving this month		6
3. Number of new senior volunteers with no recent volunteer experience		3
4. Number senior volunteers withdrawing from program this month		0
5. Total volunteers hours served		
a) This month	256	
b) Cumulative	444 3/4	
6. Number of active volunteer stations		5
7. Name of new volunteer stations this month	<u>Type of Organization</u>	
American Red Cross		
House of Prayer	Day Center	
8. Number of volunteer stations withdrawing from program this month		0
9a. Number formal RSVP Advisory Committee meetings this month		0
b. Number RSVP Advisory Sub-committee meetings this month		0
10a. Total Federal costs incurred to date	\$3,824	Percent 6
b. Total non-Federal costs incurred to date	1,071	9
c. Total costs incurred to date (a plus b)	\$4,895	
11. Total Costs, Federal, plus non-Federal, incurred this month	899.00	
12a. Cost per hour of volunteer service this month	3.51	
b. Cumulative cost per hour of volunteer service to date	11.00	



NUTRITION PROGRAM FOR THE ELDERLY

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health	AGENCY OR BUREAU: Nutrition Program for Senior Citizens	MANAGER: Genice Rankins
GOAL To provide senior citizens with low cost, nutritionally sound hot meals in strategically located community centers, and other public or non-private community sites where they may obtain other social and rehabilitative services.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Establish center operations by locating office space, purchase of equipment and the ordering of supplies, staffing.	X		A permanent Program Director has not been employed; search and screening for a qualified candidate is continuing.
2. Accept bid and sign contract with vendor for the purchase of food service for and to nutrition sites.	X		
3. Identification and location of sites to initiate the program and meal service	X		
4. Hire and train program staff concerned with site operation and food distribution: site managers, center aides, food service workers.	X		
5. Purchase and/or rental of necessary equipment (portable steam carts, coffee pots, dining room supplies).	X		
6. Pursue other items that may effect the smooth operation at the initiation of the program scheduled for February 11th, 1974.			Activities operating on schedule.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	<u>6</u>	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	<u>5</u>	<u>82 %</u>
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	<u>1</u>	<u>18 %</u>

## PROGRAM NARRATIVE

The Nutrition Program for Senior Citizens is a project established to provide, five or more days per week, at least one hot meal service per day, which assures a minimum of one-third of the daily recommended dietary allowances. Supportive services in social and rehabilitative areas are also an integral part of the Nutrition Program.

Many elderly persons do not eat adequately because 1) they cannot afford to do so, 2) they lack the skills to select and prepare nourishing and well balanced meals, 3) they have limited mobility which may impair their capacity to shop and cook for themselves; and 4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological and psychological, social and economic changes that occur with aging result in a pattern of living, which causes malnutrition and further physical and mental deteriorations.

Community sites developed in the initiation of the Nutrition Program are St. Lucy's Church on 7th Avenue and the Friendly Scudder Homes, at the Scudder Homes housing development, 69 Lincoln Avenue. Initially at these two sites approximately 125 area senior citizens will be served one nutritionally balanced, hot meal per day. As the program develops and expands and participant needs identified, service to senior citizens above the 125 limit will commence.

The Nutrition Program cannot at this time meet the total needs of the communities of senior citizens. The fact that those most in need are often the most difficult to serve necessitates that highest priority be given to the inclusion of those target individuals who are in greatest need of nutrition and social services.

NON-EMERGENCY TRANSPORTATION

1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January to December 1973	<b>DIVISION:</b> Health	<b>AGENCY OR BUREAU:</b> Non-Emergency Transportation	<b>MANAGER:</b> William T. Farrow
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**GOAL** The development, integration and coordination of new and existing transportation services within existing agencies to serve the Newark population by increasing the accessibility of essential social development resources to those Newark residents who cannot reach medical and social facilities by public transportation because of age, disability or economic conditions.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Set up administrative office at Red Cross (DHW/Red Cross) by October 22, 1973.	X		
2. Review project plan/budget by September 23, 1973.	X		
3. Select Consultants Review existing system by November 12, 1973. Review data and references by November 12, 1973. Negotiate contracts by October 26, 1973. Secure City Council approval of contract.	X		
4. Recruit and select control room personnel (Red Cross and DHW) by November 5, 1973.	X		
5. Train administrative and control room personnel (Red Cross, DHW, consultants) by November 7, 1973).	X		
6. Initiate consultant evaluation and review committee as per agreement by December 14, 1973.	X		

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	6	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	6	100%
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0%

## PROGRAM NARRATIVE

NON-EMERGENCY TRANSPORTATION

Based upon the social development strategy that was directed toward increasing the accessibility of social development resources, the Non-Emergency Transportation project was designed to initially provide transportation services to approximately one-half of Newark's elderly population, one-half of Newark's medically handicapped population, and one-half of Newark's medically indigents. Preliminary studies of the Department of Health and Welfare demonstrated that the aforementioned groups were in great need; yet they were poorly served by the existing transportation system because of 1) wholly inadequate and/or severely reduced incomes, 2) limited mobility due to age or illness, 3) a high incident of chronic disease, 4) limited or reduced audio-visual and perceptual motor reflexes and accuracy, and 5) increased psychological sensitivity due to in-patient directions given and the anxiety of muggings.

The design, developed, will demonstrate a flexible transit system utilizing door to door, demand-responsive 'rent-a-van' and/or group ride concept to the target Newark residents on an efficient basis both for the riders and the Non-Emergency Transportation system.

The NETS administrative offices were established in the Red Cross building during the month of October as scheduled, where the vehicle operation headquarters were already at work; the administrative staff consists of the Project Director, Project Fiscal Officer and the Administrative Secretary. The operations component is headed by the Project Transportation Coordinator, with a staff of a typist, an Operational/Drivers Supervisor, a Dispatcher, Operator, Maintenance Supervisor, and for four Drivers and a Driver's Assistant, all directly involved in the smooth and efficient running of the daily vehicle and client care. Additional drivers and drivers assistants are scheduled to be hired in the near future.

FISCAL REPORT - 1973 NON-EMERGENCY TRANSPORTATION SYSTEM

Submitted by the Fiscal Officer, NETS, on January 8th, 1974. The following amounts are the total expenditures made against each approved budget line item for the Non-Emergency Transportation Systems.

<u>DESCRIPTION</u>	<u>ACCOUNT</u>	<u>EXPENDITURES</u>
Salaries	101	3,602.75
Travel	211	-0-
Contract Services	250	32,000.00
Technical Assistance	251	-0-
Bus Rental	285	<u>6,294.00</u>
Total Expenditures		41,896.75
Total HUD Funds Available		58,000.00
Less Expenditures		41,896.75
Balance of Available Funds		<u>16,103.75</u>

## HEALTH DELIVERY SUBSYSTEMS



# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Health Services Delivery Subsystems	<b>MANAGER:</b> Dr. John B. Waller, Jr.	
<b>GOAL: #1</b> Establish A Mechanism For Overall Policy-Making, Resource Allocation And Evaluation.				
OBJECTIVES		Accomplished		PROBLEMS
		Yes	No	
1. To recruit a Central Management staff representing at least four (4) professional disciplines related to health care delivery.		X		
2. To develop and publish a plan for an ambulatory care system involving a network of neighborhood health centers.		X		
3. To implement a Central Management structure of at least three (3) representatives of the following:  Providers, Consumers, The Private Sector, The Public Sector.		X		
4. Initiate investigation of training programs for new types of health workers.		X		
5. Design, and develop a data base system necessary for efficient planning and administration of health programs and facilities.		X		
6. Appropriately coordinate with local and state planning agencies.		X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	6	
B. NUMBER AND PERCENTAGE OF OBJECTIVES ACCOMPLISHED	6	100 %
C. NUMBER AND PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0.0 %

## PROGRAM NARRATIVE

### GOAL 1, OBJECTIVE 1.

The Central Management Unit was established in 1973. The basic aim of the CMU is to build a more effective personal health care delivery system to assure that every resident in the City of Newark is provided with first rate health care. The present staff composition is as follows:

1. Project Director
2. Assistant Director for Planning Evaluation
3. Medical Care Administrator
4. Health Facilities Planner
5. Data Information Specialist
6. Budget Analyst
7. Clerical Support Staff

### GOAL 1, OBJECTIVE 2.

The basic plan for the development of the ambulatory care system was completed. The plan is contained in the Community Health Network Plan, published by the Newark Department of Health and Welfare. This document presents the statistical analysis, basic organizational framework and procedural guidelines for the development of an improved health care delivery system.

### GOAL 1, OBJECTIVE 3.

On August 1, 1973 this objective was achieved with the establishment of the Newark Health Services Commission. Mayor Gibson appointed twelve local citizens to serve as its first members. The Commission is representative of a number of provider, consumer and other health professional interest. Charged with marshalling the development of a city-wide comprehensive health service system, the commission accomplishes much of its work through "task force" subcommittees. Each of the established subcommittees are assisted by the staff of the Central Management Unit

### GOAL 1, OBJECTIVE 4.

The Health Manpower Development Committee, a subcommittee of the Newark Health Services Commission, with the assistance of C.M.U. staff has surveyed manpower planning activities in the Newark area. It was concluded that a viable and effective structure exists for planning manpower programs at the collegiate level. However, there is almost a complete lack of planning for training programs offered by the sub-collegiate institutions. Currently the commission, its manpower committee and the C.M.U. staff are in the process of meeting with sub-collegiate institution in order to define planning

Goal 1 Objective 4 contd:

needs and to consider appropriate action.

GOAL 1, OBJECTIVE 5.

In the past year a design for a Community Health Information System was developed. A plan for carrying out the design was formulated and funding to support one operational year was secured ( \$100,000. ). The C.H.I.S. will provide a mechanism for translating data from various sources into information that planners and program administrators require regarding the health needs of various populations. This health and related social information will be available at the census tract, statistical area, and the Health District level and will be relatable to corresponding information for the entire Newark Community as a whole, and State and National experiences where possible.

GOAL 1, OBJECTIVE 6.

In the past year C.M.U. staff has been actively involved in a variety of cooperative planning activities. Some of the institutions and agencies with which we were involved are as follows:

1. Newark Comprehensive Health Plan ( Medicaid Waiver )
2. State Department of Higher Education
3. Mayor Policy and Development Office
4. Rutgers University: Department of Urban Studies
5. College of Medicine and Dentistry
6. Greater Newark Coordinated Family Planning Program
7. Maternal and Infant Care Project
8. Newark Health Advisory Council
9. Newark Health Planning Agency - 314 Sub B
10. Hospital and Health Planning Council of Metropolitan New Jersey
11. New Jersey State Health Department

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Health Services Delivery Subsystems	<b>MANAGER:</b> Dr. John B. Waller, Jr.
<b>GOAL : #2</b> Generate And Distribute Resources necessary For The Implementation Of A Network Of Neighborhood Health Centers.			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	<b>Yes</b>	<b>No</b>	
1. To generate at least \$500,000 worth of funding support to contribute to the capital and operational needs of the system.	X		See Program Narrative
2. To develop at least 5 proposals and grant applications for general or categorical funding for each neighborhood health center or program.	X		
3. To negotiate and administer at least 5 contracts or operating agreements for desired service benefit between the City and the 5 existing neighborhood health centers.	X		
4. To obtain Hill-Burton funds for the construction of three new neighborhood health centers.	X		

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	4	
B. NUMBER AND PERCENTAGE OF OBJECTIVES ACCOMPLISHED	4	100
C. NUMBER AND PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0

## PROGRAM NARRATIVE

GOAL 2, OBJECTIVE 1.

To generate at least \$500,000 worth of funding support to contribute to the Capital and Operational needs of the system

N.H.C.	Contract Period	City Contribution	City % Total Operation	Service Benefits (expected monthly patient encounters)
Center #1	3/73-11/73	211,000	58%	890
Center #2	6/73-9/73	235,000	30%	2,333
Center #3	8/73-4/74	40,000	44%	125
Center #4	4/73-3/74	470,000	82%	2,000
Center #5	8/73-8/74	36,000	17%	1,500

GOAL 2, OBJECTIVE 2.

To develop at least 5 proposals and grant applications for general or categorical funding for each neighborhood health center or program.

GOAL 2, OBJECTIVE 3.

To negotiate and administer at least 5 contracts or operating agreements for desired service benefit between the City and 5 existing neighborhood health centers.

The Newark neighborhood health centers were continually plagued with a funding problem throughout the year. One reason for curtailment in funds available for operational needs of the health centers has been the impending implementation of the Medicaid Waiver Plan. It had been expected that funds would be made available to sustain the health centers. However, unforeseen delays in developing the Waiver Plan virtually eliminated the possibility of interim funding. Although the City had only a limited amount of funds, that nucleus was increased through negotiated arrangements with other agencies. In turn, the Department of Health developed five contracts with the existing neighborhood health centers. Responsibility to administer the contract was delegated to Subsystem.

( GOAL 2, OBJECTIVE 4.

The City of Newark was awarded \$836,662 for the construction of three new neighborhood health centers. Health Center No. 1 was the only Center that received full funding. Health Center No. 2 received \$252,462 of the \$429,300 requested. Health Center No 3 received \$100,000 of the \$492,300 requested. The Department of Health and Welfare received permission to apply the \$100,000 from Health Center #3 to Health Center #2, consequently only two health centers will be constructed.

The problem of the Hill-Burton projects has been the acquisition of property. Hill-Burton requires the awardee to either own or have a 50 year lease for the property.

Health Center No. 1 will be developed through the conversion of the American Legion Hospital. The City of Newark is now in the process of purchasing the hospital. The Department of Health and Welfare has submitted a request to amend the 1973 Capital Budget to include money for the purchase of the American Legion Hospital. The exact site for Health Center No. 2 has not been selected due to the difficulty in acquisition of suitable land.

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Health Project	AGENCY OR BUREAU: Health Services Delivery Subsystems	MANAGER: Dr. John B. Waller, Jr.
GOAL: #3 To Develop Health Care Services In Areas Of Unmet Needs.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. To establish one model neighborhood health center (operational by June 1974)	X		
2. To develop contractual arrangements for establishing a City-wide emergency transportation system.		X	Although the final contractual arrangements were not made by the end of this year, the involved parties are close to signing a co-operative agreement. (See Program Narrative)
3. To stimulate development of new demonstration models of health care delivery by working with the Medicaid Waiver Project.	X		
4. To plan and develop a model consumer grievance system.	X		
5. To integrate services available from the maternity and infant care and Essex county family planning projects within the neighborhood health centers.		X	Although this objective was not accomplished considerable effort was expended to negotiate effective working relationships and linkages between the involved parties.
			Some services were provided through the Bessie Smith Neighborhood Health Center and the North Jersey Union Neighborhood Health Center. However, the involvement in making these services available was limited to the provision of equipment necessary to the delivery of family planning services.

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Health Services Delivery Subsystems	<b>MANAGER:</b> Dr. John S. Waller, Jr.
<b>GOAL: #3 To Develop Health Care Services In Areas Of Unmet Needs.</b> Cont.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
5. (Continued from page 1)			<p>Through the City's Chief Executives Review and Comment process, the Department has requested that it be designated the grantee for family planning funds flowing through the City of Newark. This arrangement would allow the Department to serve as a conduit of family planning dollars which could be administered through the C.M.U.</p> <p>The C.M.U. would then be in a position to effectively provide coordination and linkages between all providers to maximize the effectiveness and efficiency of family planning services in the City of Newark.</p> <p>The decision by D.H.E.W. was to defer action on this request until the next funding period.</p>



# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Health Services Delivery Subsystems	<b>MANAGER:</b> Dr. John B. Waller, Jr.
<b>GOAL: #3 To Develop Health Care Services In Areas Of Unmet Needs.</b> Cont.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
6. To provide health education programs designed to emphasize health maintenance rather than crisis intervention.		X	The C.M.U. staff does not include a Health Educator. There is only one Health Educator currently employed in the Division of Health. Although this person has been actively in various C.M.U. projects; the development of an overall plan consistent with the accomplishment of this objective of necessity received a low priority. It is expected that efforts in this area will be intensified in 1974. We are optimistic because of the possibility of additional staff and the high 1974 priority given health education efforts by the Newark Health Services Commission.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	6	
B. NUMBER AND PERCENTAGE OF OBJECTIVES ACCOMPLISHED	3	50
C. NUMBER AND PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	3	50

## PROGRAM NARRATIVE

### GOAL 3, OBJECTIVE 1.

To establish one model neighborhood health center ( operational by June 1974).

The multiple health needs of the people of Newark require an innovative approach to the problems of delivering health services. One very different approach to this problem has been through a contractual relationship established by the Department of Health and Welfare with Saint Michael's Medical Center. That contract provides for the operation of the Gladys E. Dickinson Neighborhood Health Center as an extension of the Out-Patient Department of St. Michael's Hospital.

The contract between the health department and the hospital were signed March 29th; the health center opened for patient enrollment April, 2nd; and the center was staffed to provide services by July. Additionally, a cooperative agreement between St. Michael's and the New Jersey Dental Group was developed and expected to be effective by January 1974. Signing of the agreement will enable the health center to provide a full scope of dental services to its patients.

### GOAL 3, OBJECTIVE 2.

Newark Emergency Transportation System is expected to be operational in the early part of 1974. The Department of Health and Welfare will be charged with overall administration, coordination and management of the System. These departmental functions will be carried out by the C.M.U. The C.M.U. will integrate this system into the health care network to insure that appropriate emergency medical care transportation services are linked in terms of maximum feasible utilization of funds, manpower and other resources.

The Newark Fire Department will be responsible for supervising and maintaining all operations of the system on a day-to-day basis.

### GOAL 3, OBJECTIVE 3.

The Medicaid Waiver Project, representing fifty-four million health care dollars, offers very significant opportunities to reorganize and improve health care delivery in Newark. From its inception, the C.M.U. staff has been considerably involved in planning for the Medicaid Waiver. C.M.U. staff assumed responsibility of preparing draft chapters for Medicaid waiver plan on Demographic Analysis, Structure. The Plan in final form was approved by the Medicaid Waiver Board of Directors in December 1973.

### Goal 3, Objective 3 contd:

As a part of the Medicaid Waiver Plan, the Newark Department of Health and Welfare developed a proposal to sub-contract with the State Department of Institutions and Agencies to monitor and evaluate the total Project. Pending State and Federal approval of the Medicaid Waiver Plan, and the successful negotiation of the aforementioned sub-contract, the C.M.U. will carry out the functions of monitoring and evaluation. The proposed relationship to Medicaid waiver is consistent with the goals and objective of C.M.U. and will enhance its capabilities to promote a family oriented health care network which can delivery services with an emphasis on the following components:

1. Continuity of care
2. Patient education
3. Ambulatory care
4. Early diagnosis and treatment
5. Referral linkages to and from appropriate specialists
6. The provision of health care that is:
  - a. accessible
  - b. available
  - c. cost controllable
  - d. efficient
  - e. responsive to change

### GOAL 3, OBJECTIVE 4.

To plan and develop a model consumer grievance system.

The health care system has frequently been criticized for its very impersonal and insensitive response to the overall needs of patients in its institutions. First, many persons may feel "lost" and/or "powerless while seeking treatment; or, after having received care without understanding any consequences of that care. Secondly, there may be legitimate complaints about the treatment process, billing, and other problems. Currently, most hospitals and neighborhood health centers rely on top administrators to resolve patient complaints and related problems. Much of the time consumed in resolving such issues could be substantially reduced if each facility had a planned procedure for approaching and investigating complaints of this nature. Therefore, the Subsystem endeavored to investigate those elements necessary to model: "... a comprehensive, city-wide consumer grievance system humanely responsible to consumers attending city hospitals, clinics and other health facilities for the purpose of communicating and demonstrating to the consumer the concern and responsiveness of the Department of Health and Welfare in meeting his health needs and health concerns.'

The results of this work has been put in the form of A Consumer Grievance Procedure, a document which describes the elements necessary for implementing that kind of system.

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Health Project	<b>AGENCY OR BUREAU:</b> Health Services Delivery Subsystems	<b>MANAGER:</b> Dr. John B. Waller, Jr.
<b>GOAL : #4</b> Improve Management Capabilities Of The Neighborhood Health Centers.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Provide and/or arrange for technical assistance to providers.	X		
2. Development of a handbook of cost and management data for health center administrator.	X		
3. To monitor and evaluate performance of the 5 existing health centers.	X		

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	3	
B. NUMBER AND PERCENTAGE OF OBJECTIVES ACCOMPLISHED	3	100
C. NUMBER AND PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	0	0.0

## PROGRAM NARRATIVE

### GOALS 4, OBJECTIVE 1.

To provide and/or arrange for technical assistance to providers.

While a severe crisis in funding the neighborhood health centers has necessarily required a substantial amount of project time, Subsystem has attempted to focus on other areas of need such as operational efficiency and effectiveness. For the most part, technical assistance provided by staff, tended to be on an individual center, problem by problem basis. However, it was concurrently acknowledged that a 'network-oriented' approach to problem solving was desperately needed. Thus, the first step to solving the network problems evolved in our sponsorship of a Workshop/Seminar entitled "Managing Newark's Neighborhood Health Centers". That meeting occurred in mid December 1973, and represented the first time that all the health center administrators, the entire Subsystem staff, the Director of the Health Department, and several key figures directly involved with planning and financing health services convened as one body of singular focus. While much of the discussion centered on management resource topics, a desire for additional workshop sessions was expressed. Several priority topics as automated health information systems, financial reporting and personal training sessions were proposed. It is the intent of the staff to develop those proposed topics into a Management Workshop series to be concluded by early Spring 1974.

### GOAL 4, OBJECTIVE 2.

Development of a Handbook of Cost and Management Data for Health Center Administrators.

Although the funding arrangements supporting the neighborhood health centers are uniquely tailored to meet the particular situation, both Subsystem and the funding agencies have a mutual need to determine the service 'mileage' being obtained from those dollars. In order to make any meaningful analysis, we needed a common reporting format designed to generate information on patient services and financial management. During the summer, Staff drafted a manual containing a set of reporting forms as well as a glossary identifying and defining terminology essential to the forms. Even though, the health center administrators and their appropriate financial personnel critiqued the forms and were supportive of using them, we met with limited success for at least two reasons.

First, there was a delay in the receipt of approved funds which caused the administrators of concentrate on survival and the reporting became less a priority during that time. Secondly, as a result of an unstable financial situation, most of the health centers experienced staff turnover, and implementation of the reporting system was further delayed until new personnel become familiar with the health center's operation.

#### Goal 4 Objective 2 contd:

However, during the late fall, staff and administrators agreed to an interim reporting mechanism. This interim system will be in effect until January 1974 at which time a revised and shortened version of management data forms in the Handbook will be re-instituted.

#### GOAL 4, OBJECTIVE 3.

To monitor and evaluate performance of the 5 existing neighborhood health centers.

Monitoring the health centers for contract compliance both fiscally and programmatically is inherent in the responsibility of administering the contracts which have been developed by the Department of Health and Welfare. The reporting mechanism now in effect allows staff to determine the rate of expenditure of funds as well as the nature of any budget deviations. Similarly, an equally important aspect of this task has been in assisting health centers accurately identify and record all sources of patient generated income.

The financial crisis and the search for funds has directly impacted upon the centers' performance in delivering health services. An unstable financial outlook induced a fear that community expectations of service would be raised beyond their ability to deliver it. Unstable finances also limits the ability to recruit at a time when staff turn-over may be higher than at more stable periods. Without optimum staffing levels, there is reduced ability to create and develop new ways of giving care. While most centers have struggled to meet their contractual requirements of patient encounters, there has been some dissatisfaction in being constrained to that goal.

Nonetheless, staff can report that each health center was able to implement at least one innovative feature for the year. These areas included: a new approach to appointment-making to reduce broken appointments; an in-house patient education program utilizing projector and slides, a patient recall system emphasizing the concept of preventive, health maintenance; and, an extensive patient recruitment drive.

All of the health centers will have their service capacity enhanced by the implementation of several new programs such as the W.I.C. supplemental feeding, the Hypertension Screening Project, and the Non-Emergency Transportation System. Those programs have anticipated start-up dates by early spring 1974.

## HEALTH SERVICES DELIVERY SUBSYSTEMS

## FINANCIAL DATA SHEET

JOB SITE: F92

FUND: 60

DATE OF REPORT: ANNUAL REPORT (JANUARY - DECEMBER 1973)

## I. PERSONNEL

A. Total available balance	73,475.32	
B. 2% Audit reserve		3,332.70
C. Quarterly budget amount		35,071.32
D. Monthly budget amount		11,690.44

## II. CONSULTANT SERVICES

A. Total available balance	6,445.86	
B. 2% Audit reserve		180.00
C. Quarterly budget amount		3,132.93
D. Monthly budget amount		1,044.31

## III. EQUIPMENT COSTS

A. Total available balance	1,609.78	
B. 2% Audit reserve		104.90
C. Quarterly budget amount		752.43
D. Monthly budget amount		250.81

## IV. SUPPLY COSTS

A. Total available balance	1,789.42	
B. 2% Audit reserve		62.40
C. Quarterly budget amount		863.52
D. Monthly budget amount		287.84

## V. TRAVEL COSTS

A. Total available balance	1,036.57	
B. 2% Audit reserve		72.00
C. Quarterly budget amount		482.28
D. Monthly budget amount		160.76

## VI. OTHER COSTS

A. Total available balance	5,917.17	
B. 2% Audit reserve		248.00
C. Quarterly budget amount		2,834.58
D. Monthly budget amount		944.86

## VII. TOTAL COSTS: ALL CATEGORIES

A. Total available balance	90,274.12	
B. 2% Audit reserve		4,000.00
C. Quarterly budget amount		43,137.06
D. Monthly budget amount		14,379.02

## VIII. COMMENTS:

Quarterly and monthly budgets are projected based upon a 29 June 1974 close-out.

## HEALTH SERVICES DELIVERY SUB-SYSTEMS

## FINANCIAL DATA SHEET

January - December 1973

PERSONNEL COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	155,269.07	3,947.80	151,321.27
FEBRUARY	151,321.27	5,062.75	146,258.52
MARCH	146,258.52	5,627.80	140,630.72
APRIL	140,630.72	5,279.20	135,351.52
MAY	135,351.52	6,014.80	129,336.72
JUNE	129,336.72	8,622.65	120,714.07
JULY	120,714.07	7,175.40	113,528.67
AUGUST	113,528.67	7,308.05	106,230.62
SEPTEMBER	106,230.62	6,194.60	100,036.02
OCTOBER	100,036.02	6,194.60	93,841.42
NOVEMBER	93,841.42	11,349.29	82,492.13
DECEMBER	82,492.13	9,016.81	73,475.32
ANNUAL TOTALS	155,269.07	81,793.75	73,475.32

\*TOTAL GRANT APPROPRIATION MINUS PREVIOUS EXPENDITURES



## HEALTH SERVICES DELIVERY SUB-SYSTEMS

## FINANCIAL DATA SHEET

January - December 1973

CONSULTANT COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	8,453.31	-----	8,453.31
FEBRUARY	8,453.31	-----	8,453.31
MARCH	8,453.31	50.00	8,403.31
APRIL	8,403.31	-----	8,403.31
MAY	8,403.31	457.45	7,945.86
JUNE	7,945.86	750.00	7,195.86
JULY	7,195.86	750.00	6,445.86
AUGUST	6,445.86	-----	6,445.86
SEPTEMBER	6,445.86	-----	6,445.86
OCTOBER	6,445.86	-----	6,445.86
NOVEMBER	6,445.86	-----	6,445.86
DECEMBER	6,445.86	-----	6,445.86
ANNUAL TOTALS	8,453.31	2,007.45	6,445.86

\*TOTAL GRANT APPROPRIATION MINUS PREVIOUS EXPENDITURES

HEALTH SERVICES DELIVERY SUB-SYSTEMS  
FINANCIAL DATA SHEET

January - December 1973

EQUIPMENT COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	1,609.78	-----	1,609.78
FEBRUARY	1,609.78	-----	1,609.78
MARCH	1,609.78	-----	1,609.78
APRIL	1,609.78	-----	1,609.78
MAY	1,609.78	-----	1,609.78
JUNE	1,609.78	-----	1,609.78
JULY	1,609.78	-----	1,609.78
AUGUST	1,609.78	-----	1,609.78
SEPTEMBER	1,609.78	-----	1,609.78
OCTOBER	1,609.78	-----	1,609.78
NOVEMBER	1,609.78	-----	1,609.78
DECEMBER	1,609.78	-----	1,609.78
ANNUAL TOTALS	1,609.78	0.00	1,609.78

\*TOTAL GRANT APPROPRIATION MINUS PREVIOUS EXPENDITURES

## HEALTH SERVICES DELIVERY SUB-SYSTEMS

## FINANCIAL DATA SHEET

January - December 1973

SUPPLY COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	2,986.34	127.34	2,859.00
FEBRUARY	2,859.00	37.01	2,821.99
MARCH	2,821.99	175.85	2,646.14
APRIL	2,646.14	405.50	2,240.64
MAY	2,240.64	62.42	2,178.22
JUNE	2,178.22	-----	2,178.22
JULY	2,178.22	39.77	2,138.45
AUGUST	2,138.45	48.93	2,089.52
SEPTEMBER	2,089.52	167.10	1,922.42
OCTOBER	1,922.42	133.00	1,789.42
NOVEMBER	1,789.42	-----	1,789.42
DECEMBER	1,789.42	-----	1,789.42
ANNUAL TOTALS	2,986.34	1,196.92	1,789.42

\*TOTAL GRANT APPROPRIATION MINUS PREVIOUS EXPENDITURES

HEALTH SERVICES DELIVERY SUB-SYSTEMS  
FINANCIAL DATA SHEET

January - December 1973

TRAVEL COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	3,353.00	-----	3,353.00
FEBRUARY	3,353.00	9.38	3,343.62
MARCH	3,343.62	283.39	3,060.23
APRIL	3,060.23	42.41	3,017.82
MAY	3,017.82	19.60	2,998.22
JUNE	2,998.22	202.85	2,795.37
JULY	2,795.37	16.20	2,779.17
AUGUST	2,779.17	154.76	2,624.41
SEPTEMBER	2,624.41	72.37	2,552.04
OCTOBER	2,552.04	41.05	2,510.99
NOVEMBER	2,510.99	820.92	1,690.07
DECEMBER	1,690.07	653.50	1,036.57
ANNUAL TOTALS	3,353.00	2,316.43	1,036.57

\*TOTAL GRANT APPROPRIATION MINUS PREVIOUS EXPENDITURES

## HEALTH SERVICES DELIVERY SUB-SYSTEMS

## FINANCIAL DATA SHEET

January - December 1973

OTHER COST	APPROPRIATIONS*	ACTUAL EXPENDITURES	AVAILABLE BALANCE
JANUARY	11,705.80	495.00	11,210.80
FEBRUARY	11,210.80	1,190.39	10,020.41
MARCH	10,020.41	246.64	9,773.77
APRIL	9,773.77	1,388.01	8,385.76
MAY	8,385.76	266.13	8,119.63
JUNE	8,119.63	400.46	7,719.17
JULY	7,719.17	584.05	7,135.12
AUGUST	7,135.12	290.88	6,844.24
SEPTEMBER	6,844.24	536.66	6,307.58
OCTOBER	6,307.58	221.91	6,085.67
NOVEMBER	6,085.67	-----	6,085.67
DECEMBER	6,085.67	168.50	5,917.17
ANNUAL TOTALS	11,705.80	5,788.63	5,917.17

URBAN RODENT AND INSECT CONTROL

# 1973 ANNUAL OBJECTIVES

## REPORTING PERIOD:

January - December 1973

## DIVISION:

Health

## AGENCY OR BUREAU:

Urban Rodent & Insect Control

## MANAGER:

Howard L. Lawson, Jr.

## GOAL

To effectively administer the Rodent and Insect Control Project throughout fiscal year 1973.

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. To sweep streets per month	X		
2. To remove 6720 tons of waste		X	Lack of sufficient manpower resources.
3. To remove 3010 abandoned vehicles	X		
4. To make presentations at 394 community meetings.		X	Due to restricted budget, community information specialist not hired.
5. To reach 16,000 residents at community meetings	X		
6. To make 13,000 second visits to educate families		X	Lack of manpower resources.
7. To educate 17,170 families.		X	Lack of manpower resources.
8. To give presentations in 21 schools.	X		
9. To reach 20,000 children in schools.		X	Lack of appropriate manpower.
10. To organize 50 block associations		X	Lack of appropriate manpower.
11. To release 120 items of information via mass media.		X	Lack of appropriate manpower.
12. To treat 3,200 premises with insecticide		X	Due to change in Federal guidelines - insecticide program had to be deleted from project operation.

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:  
January - December 1973

DIVISION:  
Health

AGENCY OR BUREAU:  
Urban Rodent & Insect Control  
(Cont.)

MANAGER:  
Howard L. Lawson, Jr.

## GOAL

## OBJECTIVES

## Accomplished

## PROBLEMS

Yes

No

13. To treat 16,280 premises for rats

X

14. To bait 800 sewers.

X

Unable to attain coordination with the catch basin section of the sewer dept.

15. To inspect 2,855 premises

X

Lack of code enforcement personnel.



A. TOTAL NUMBER OF OBJECTIVES	15	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	4	31 %
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	11	69 %

## PROGRAM NARRATIVE

URBAN RODENT & INSECT CONTROL PROJECT

The Urban Rodent and Insect Control Project is a multiphased environmental health project aimed at the control or elimination of vermin and insect infestation in the City of Newark.

To achieve the control or elimination of rodents and insects through correction of conditions lending themselves to the infestations, the education of citizens in methods of domestic hygiene and prevention are vital.

## Sub-divisions of the Rodent Control Project:

Central Control  
Sanitation Division and Abandoned Auto Squad  
Community Participation  
Extermination Division  
Code Enforcement Division

In Central Control we have directed ourselves to "promotion from within". This policy has given the employees a new sense of initiative and re-oriented them to the project as a source of personal advancement and recognition. In the past 8 months we have had seven promotions.

The administration of the project is making an all out effort to promote interest among the employees in higher education. We have funds allotted for the purpose of paying tuitions which early in the year were not being used. We began an educational need awareness program, given pep talks and lectures, and have had college representatives come and speak at our general staff meetings. As a result we have one college graduate, 18 college students and 3 high school equivalency students.

It has proven to be exceedingly difficult to convene a meeting of the Technical Coordinating Committee, a committee made of the City's Department Directors. Plans are being made to have each Director designate an individual and vest him with the authority to deal with the needs of the project. His priority would be the Technical Coordinating Committee and its effective.

We have not as yet been able to organize a policy board. We have tried through letters, telephone calls, and even personal visits to no avail. At one point, early June, we have actually solicited and received notices of intent to participate from several persons, however, when the meetings were called, no one showed up. I have referred this problem to Health Planning for a possible solution.

Urban Rodent and Insect Control Project  
Page 2

In Community Participation and Extermination we are slightly behind schedule. This is due to an increase in bad weather and holidays during which the health aides do not go out. Further, bad weather results in more "refusals" and "no answers" from the public to our exterminators and health aides.

This is all a part of a normal winter depression that will reverse itself in the early spring and balance out our objectives.

The Division of Inspections has assigned four inspectors to the project. They have made it possible to project 200% of our original estimate for code enforcement.

This project operates on a fiscal year of June 1 through May 31. As a result, the achievements for a calendar year straddle two contracts; two short range objectives. In this particular case, the short range objectives from the previous contract are considerably higher than the current contract as they anticipated more personnel. They did not get those personnel so their achievement was rather low. This affects the calendar year achievements to make most of the objectives incomplete. Please consider this when reviewing the objectives accomplished. To derive the short range objectives for the calendar year we took 5/12 of the previous contract short range objectives and 7/12 of the current contract short range objectives.

Div. of Insp.



DIVISION OF INSPECTIONS

1. Bureau of Buildings
2. Bureau of Code Enforcement
3. Electrical Bureau
4. Bureau of Industrial Hygiene and  
Air Pollution Control
5. Plumbing Bureau
6. Bureau of Weights & Measures

DEPARTMENT OF HEALTH AND WELFARE

James A. Buford, Director

DIVISION OF INSPECTIONS

DIVISION DIRECTOR	Armand E. Lembo
BUREAU OF BUILDINGS	Anthony DeCastro, Supervisor
BUREAU OF CODE ENFORCEMENT	William Burke, Supervisor
ELECTRICAL BUREAU	John McGinley, Supervisor
BUREAU OF INDUSTRIAL HYGIENE & AIR POLLUTION	Charles McGuire, Supervisor
PLUMBING BUREAU	John Gesumaria, Supervisor
BUREAU OF WEIGHTS AND MEASURES	Michael A. Giuliano, Supervisor

BUREAU OF BUILDINGS

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January-December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Building	MANAGER: Mr. Racioppi
GOAL To abolish hazardous abandoned structures.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Review present City Ordinance regarding demolition of abandoned buildings and propose new ordinances by August 31, 1973		X	1. Legal constraints.
2. Attain 75% compliance level to city ordinances and assess same through routine inspection by January 31, 1973.		X	1. Due to the lack of manpower resources.

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Building	MANAGER: DeCastro
GOAL To increase vital construction job inspection.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Hire structural engineer, by April 30, 1973 to check structural steel and reinforced concrete plans.		X	Lack of manpower resources.
2. Acquire automobiles and radios to increase mobility and communication by June 30, 1973.		X	Lack of manpower resources.
3. Implement intensive training program in all areas of job inspections by April 30, 1973.		X	Lack of manpower resources.



## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU:	MANAGER: Armand Lembo
<b>GOAL</b> To provide an effective code enforcement program with special emphasis on slum areas in Newark.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Seek the adoption of adequate codes covering minimum housing standards including, but not limited to health, sanitation and occupancy requirements by April 30, 1973.		X	
2. Develop a continued programming and planning process by September 30, 1973, to identify areas of bad housing and provide strategies for demolition, rehabilitation and new housing.		X	
3. Create an administrative maximum for enforcing the codes and a procedure for periodic review, evaluation and updating, by September 30, 1973.		X	
4. Seek funds to handle increased activity in enforcement and planning by December 31, 1972.	X		Funds were sought, however, no appropriations have been available.

1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Inspections	MANAGER: Armand Lembo
GOAL  To improve job performance.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Decrease lateness from level of 8% of staff per day to a level of 4% by June 30, 1973.	X		
2. Appoint one Assistant Director and one Assistant Chief Clerk to Director's Office.	X		

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Inspections	MANAGER: Armand Lembo
GOAL To reduce the excessive flow of paper in reporting violations.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Conduct a "Systems and Procedures Study" of present method of reporting violations by November 30, 1972.	X		
2. Implement new reporting system by December 15, 1972.	X		

# 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> January - December 1973	<b>DIVISION:</b> Inspections	<b>AGENCY OR BUREAU:</b> Inspections	<b>MANAGER:</b> Armand Lembo
<b>GOAL</b> To protect all workers in industrial establishments from occupational hazards to safety and health (physical, mental and emotional).			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	<b>Yes</b>	<b>No</b>	
1. Evaluate occupational health nursing programs and establish regulations and controls in accordance with municipal codes and N.J. State laws by June 30, 1973.		X	Due to lack of adequate manpower resources.
2. Develop a citywide "Injury and Occupational Illness Evaluation System" for all industrial establishments with the aim of reducing injuries and such illnesses to an irreducible minimum by June 30, 1973.		X	Due to lack of manpower resources.

# 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Inspections	MANAGER: Armand Lembo
<b>GOAL</b> To convert from manual to a computerized operation.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Convert existing manual operations to a computerized operation.		X	Due to lack of adequate manpower and fiscal resources.

## BUREAU OF BUILDINGS

## 1973 STATISTICS

MONTH	NO. OF PERMITS	ESTIMATED COST	FEES	NO. OF DWELLINGS INSPECTED	NO. OF DWG. UNITS INSPECTED	NO. OF DWG. UNITS RE-INSPE.	NO. OF DWG. WITH VIOL.	NO. OF COMM. AND OTHER INSPECTIONS
Jan.	139	\$1,724,560.88	\$ 6,561.00	457	414	415	35	896
Feb.	169	959,530.00	5,985.00	352	380	450	68	411
Mar.	81	162,074.00	7,048.85	319	264	362	28	629
April	224	741,745.00	5,900.00	417	350	379	48	47
May	136	436,700.00	4,513.00	762	994	680	174	403
June	136	461,488.00	5,368.20	608	869	471	182	241
July	138	736,710.00	5,835.00	510	574	448	116	360
Aug.	136	3,821,954.00	3,919.00	716	602	553	197	247
Sept.	94	3,157,290.00	15,461.20	613	804	587	82	237
Oct.	160	5,072,252.00	13,999.00	677	1213	477	86	289
Nov.	155	356,145.00	4,226.60	452	1004	717	49	314
Dec.	74	1,036,253.00	4,174.00	410	620	500	58	381
	1642	\$18,666,701.88	\$82,988.85	6293	8088	6039	1123	4255

BUREAU OF BUILDINGS1973 STATISTICS

MONTH	NO. OF VIOLATIONS FOJND	NO. OF VIOLATIONS ABATED	NO. OF NOTICES ABATED	NO. OF NOTICES SERVED	ELEVATOR INSPECTIONS
January	62	33	32	123	1033
February	62	29	22	119	33
March	43	18	13	125	3
April	3	3	3	116	151
May	178	19	21	163	135
June	184	19	20	121	93
July	112	35	35	127	120
August	175	28	35	57	159
September	45	22	22	158	255
October	110	33	29	136	364
November	52	17	18	127	318
December	61	36	27	101	10
TOTAL	1087	292	277	1478	2674

ALTERATIONS AND ADDITIONS

TYPE	NO. OF PERMITS	ESTIMATED COST
To Residential Buildings	279	1,033,470.00
To Non-Residential Buildings	182	3,235,870.88
	461	4,269,340.88

MISCELLANEOUS PERMITS

Signs Erected	124	121,940.00
Elevator Installations	7	329,600.00
Sprinkler Installations	7	89,228.00
Air Conditioners Installations	22	876,940.00
	160	1,417,708.00

DEMOLITION PERMITS

No. of Permits	336
No. of Dwellings	237
No. of Dwelling Units	788

There were 95 structures containing 259 dwelling units demolished by the Public Employment Program.

There were 87 structures containing 371 dwelling units demolished by the Newark Demolition Team.

There were 8 structures containing 17 dwelling units demolished by the Newark Housing Authority.

There were 2 commercial buildings demolished by the Newark Housing Authority.



BUREAU OF BUILDINGS

1973 STATISTICS

New Housekeeping Dwellings

TYPE	NO. OF PERMITS	ESTIMATED COST	NO. OF FACILITIES ACCOMODATED
1 Family Dwelling	1	20,000	1
2 Family Dwelling	3	30,000	3
3 Family Dwelling	1	20,000	3
2 Family Dwelling	2	70,000	2
1 Family Dwelling	1	12,000	1
120 Family Dwelling	1	540,833	120
120 Family Dwelling	1	540,833	120
120 Family Dwelling	1	540,833	120
120 Family Dwelling	1	540,833	120
120 Family Dwelling	1	540,833	120
120 Family Dwelling	1	540,833	120
106 Family Dwelling	1	3,000,000	106
12 Family Dwelling	1	321,600	12
12 Family Dwelling	1	340,400	12
12 Family Dwelling	1	340,400	12
4 Family Dwelling	1	106,800	4
3 Family Dwelling	1	193,600	8
8 Family Dwelling	1	193,600	8
8 Family Dwelling	1	213,600	8
2 Family Dwelling	1	25,000	2
1 Family Dwelling	1	12,000	1
TOTAL	24	\$8,143,998	903

NEW NON-RESIDENTIAL BUILDINGS

TYPE	NO. OF PERMITS	ESTIMATED COST
Grain Processing Plant	1	60,000
Gasoline Station Service	1	54,000
Gasoline Station Service	1	3,000
Training Facility	1	11,000
Garage	1	1,975
Office	1	4,500
Warehouse	1	4,000
Storage Tank & Foundation	1	160,000
Service & Parts Building	1	200,000
Parking Attendants Booth	1	1,500
Stores & Mercantile Building	3	37,800
Industrial Building	1	180,000
Storage Building	1	21,000
Meter Building	1	3,500
Manufacturing Building	1	20,000
Retail Sales Building	1	22,000
Service Station	1	72,000
Storage Building	1	19,380
Office Building	1	3,000,000

(Continued)

New Non-Residential Buildings (Cont.)

Manufacturing Building	1	35,000
Manufacturing Building	1	80,000
Shed	1	1,000
Tool Shed	1	1,000
Warehouse	1	27,000
Office & Warehouse	1	2,000
Truck Service & Sales Building	1	620,000
Manufacturing Building	<u>1</u>	<u>96,000</u>
	29	\$4,737,655

SPECIAL REQUEST FOR INSPECTIONS

Certificate of Occupancy  
Real State

145  
575

ALL TYPES OF CONSTRUCTION FOR FIVE YEARS

YEAR	NO. OF PERMITS	ESTIMATED COSTS	FEES
1973	1642	18,666,701.88	82,988.85
1972	2380	16,238,830.00	117,841.24
1971	2036	32,927,595.00	99,520.70
1970	1549	32,721,664.00	88,125.40
1969	1481	32,546,232.00	176,173.15

DWELLING CONSTRUCTION FOR FIVE YEARS

			<u>Families Accomodater</u>
1973	22	8,143,998.00	901
1972	14	5,533,390.00	385
1971	5	3,017,000.00	226
1970	8	165,000.00	26
1969	6	3,982,000.00	471

NEW NON-RESIDENTIAL CONSTRUCTION FOR FIVE YEARS

1973	29	4,737,655.00
1972	27	3,114,530.00
1971	2	3,344,000.00
1970	13	4,126,520.00
1969	1	90,000.00

BUREAU OF CODE ENFORCEMENT

1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Code Enforcement	MANAGER: William Burke	
GOAL  To insure health approved on premise storage of household waste for all dwellings in the City of Newark.				
OBJECTIVES		Accomplished		PROBLEMS
		Yes	No	
1. Attain compliance level of 95% to health code of all dwellings having improper and illegal waste storage, by December 31, 1973, through premise-by-premise inspection.			X	Lack of manpower resources.
2. Conduct inspection of 50% of the premises in each environmental health district by December 31, 1973.			X	Lack of manpower resources.
3. Conduct six tenant-landlord workshops by December 31, 1973 (three in second quarter of 1973 and three in the fourth quarter).			X	Lack of manpower resources.
4. Research and develop a grant to be submitted to Environmental Protection Agency to test and evaluate home solid waste storage methods by June 30, 1973.		X		Research was conducted, however, no grant was submitted due to impoundment of granting agency funds.

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Code Enforcement	MANAGER: William Burke
GOAL To reduce the number of substandard housing.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Identify and classify all residential housing deficiencies by December 31, 1973.  2. Attain a compliance level to minimum standards of deteriorating, but sound structures by July 31, 1973.		X	30% have been identified, manpower resources is a problem.

1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Code Enforcement	MANAGER: William Burke
GOAL  To eliminate weeds and open dumping on vacant lots.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Raise to 80% the level of compliance to weed control and vacant lot sanitation by July 1, 1973.		X	Lack of adequately trained personnel.



BUREAU OF CODE ENFORCEMENT

1973 STATISTICS

BLOCK TO BLOCK INSPECTIONS

Total Violations	58,260
Dwelling Inspected	18,445
Dwelling in Violations	11,243
Dwelling Re-inspected	16,340
Dwelling Abated	6,440
Dwelling Units Inspected	29,709
Dwelling Units in Violations	19,936
Dwelling Units Re-inspected	35,554
Dwelling Units Abated	12,499
Written Notices to Owner	9,422
Written Notices to Tenants	633
Total Written Notices	

ROOMING HOUSE INSPECTIONS

Rooming House Inspected	1,151
Written Notices	612
Number of Units	2,943
Number of Abatements	309
Commercial Inspected	46
Commercial Violations	13

PROSECUTIONS

Housing Court Cases	2,469
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COMPLAINTS

From All City Agencies & Citizens	11,259
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COURT FINES

Amount of Housing Court Fines	\$45,655
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ELECTRICAL BUREAU

ELECTRICAL BUREAU

1973 STATISTICS

	<u>Permits Issued</u>	<u>Certificates Issued</u>	<u>Permit Fees</u>	<u>Journeyman Fees</u>	<u>Annual Maint. Fees</u>
January	275	177	3,139.00	1,400.00	1,500.00
February	273	166	3,333.00	150.00	750.00
March	293	262	3,336.50	--	300.00
April	304	215	3,324.75	--	--
May	287	285	2,901.75	--	--
June	287	225	3,036.50	--	--
July	306	267	3,346.00	--	--
August	255	196	2,368.00	--	--
September	275	236	2,507.00	--	150.00
October	262	223	3,053.75	--	--
November	207	193	2,160.00	1,050.00	1,950.00
December	<u>143</u>	<u>149</u>	<u>1,532.00</u>	<u>850.00</u>	<u>1,200.00</u>
Totals	3,167	2,594	\$34,038.25	\$ 3,450.00	\$ 5,700.00

Electrical Bureau  
1973 Statistics  
Page 2

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
Permits Issued	3766	3275	3696	3767	3604	3167
Certificates Issued	3136	2601	2299	2914	2736	2594
Permit Fees	50,268.45	48,00.25	43,722.25	47,204.50	38,905.29	34,038.25
No. of Dwellings Inspected	5272	3512	3020	4698	4104	5252
No. of Dwellings Reinspected	4400	3217	3010	2825	2773	4764
No. Dwelling Units Inspected	15695	4641	8083	12352	9455	14266
No. Dwelling Units Reinspected	11846	8807	7124	7391	6606	11523
No. Dwelling with Violations	1919	1742	1681	1642	1890	2355
No. Commercial & Other Inspections	3438	2432	2070	1987	1652	3021
No. Violations Found	15411	9020	5888	7103	6795	7427
No. Violations Abated	8494	5086	3647	3547	4483	5112
No. Notices Abated	653	434	414	560	639	852
No. Recommendations for Court	569	408	557	341	301	544

Electrical Bureau  
1973 Statistics  
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	<u>Dwellings Inspected</u>	<u>Dwellings Re-Inspected</u>	<u>Dwelling Units Inspected</u>	<u>Dwelling Units Re-inspected</u>	<u>Dwelling Violations</u>
January	380	326	1223	870	163
February	517	245	1717	650	215
March	677	461	1567	765	355
April	653	488	2071	912	291
May	509	396	1512	1023	213
June	381	453	974	1129	168
July	330	417	820	1211	291
August	345	437	679	917	179
September	419	395	789	864	108
October	421	372	1147	1015	102
November	361	403	981	1276	171
December	<u>259</u>	<u>371</u>	<u>786</u>	<u>891</u>	<u>99</u>
Totals	5252	4764	14,266	11,523	2355

Electrical Bureau  
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	<u>Commercial &amp; Other Insp.</u>	<u>Violations Found</u>	<u>Violations Abated</u>	<u>Notices Abated</u>	<u>Recommendations For Court</u>
January	145	489	484	55	32
February	241	710	441	53	44
March	208	535	358	92	83
April	449	1070	555	97	66
May	166	880	602	74	41
June	158	546	397	76	38
July	148	774	421	62	43
August	139	460	384	69	45
September	292	464	450	67	49
October	225	595	329	88	28
November	461	454	341	61	30
December	<u>389</u>	<u>442</u>	<u>350</u>	<u>58</u>	<u>45</u>
Totals	3021	7427	5112	852	544

Electrical Bureau  
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Electrical Permit: Issued	3,167
Certificates of Approval	2,594
Permit Fees Received	34,038.25
Journeyman Electrician REgistration Fees	3,450.00
Annual Repair & Maintenance Fees	5,700.00
No. of Dwellings Inspected	5,252
No. of Dwellings Re-Inspected	4,764
No. of Dwelling Units Inspected	14,266
No. of Dwelling Units Re-Inspected	11,523
No. of Dwellings with Violations	2,355
No. of Commercial & Other Inspections	3,021
No. of Violations Found	7,427
No. of Violations Abated	5,112
No. of Notices Abated	852
No. of Recommendations for Court	544

BUREAU OF INDUSTRIAL HYGIENE AND AIR POLLUTION CONTROL



## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Industrial Hygiene	MANAGER: Charles McGuire
GOAL  To reduce noise level in Newark to a safe and acceptable level in accordance with standards set forth by the State of New Jersey.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Establish noise level standards throughout the City consistent with adopted State standards by March 31, 1973.	X		
2. Establish an Environmental Noise Control Program by March 31, 1973.		X	Due to lack of adequately trained personnel and lack of legal authority.
3. Measure and determine all unacceptable noise levels in the City, based on State standards by March 31, 1973.		X	Due to lack of manpower resources and the fact that the State did not set noise level standards.

1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Industrial Hygiene	MANAGER: C. McGuire
GOAL To achieve and maintain air quality in accordance with State standards.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Implement a Regional Air Pollution Control Program for Newark by September 30, 1973.		X	Due to the lack of reorganization of the Air Pollution Bureau.
2. Propose a new air pollution ordinance by March 1, 1973.	X		
3. Develop procedure to implement new ordinance and to attain its compliance, immediately following Council approval and funding		X	Due to the lack of reorganization of the Air Pollution Bureau.

## 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	3	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	1	33 1/3
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	2	66 2/3

## PROGRAM NARRATIVE

BUREAU OF INDUSTRIAL HYGIENE AND AIR POLLUTION CONTROL

The activities of the Sanitary Inspectors assigned to Industrial hygiene is demonstrated in Table 1. Likewise, activities of inspectors assigned to Air Pollution Control are demonstrated in Table 2; Code Enforcement Activities (Housing and Rooming Houses) is listed in Table 3; fees collected for the licensing of laundries, laundrettes, cleaning and dyeing establishments and the installation, repair or replacement of fuel burning equipment, etc., for which permits were issued, is listed in Table 4.

TABLE #1

## Inspectional Activities - Industrial Hygiene - Total Visits - 6,334

Complaint Inspections	572	Law Suits Instituted	47
Original Inspection	4871	Law Suits Adjudged	58
Reinspections	891	Law Suits suspended	9
Total Inspections	6334	Law Suits Dismissed	1
Violations Found	1192	Penalties for Violations (5)	\$340
Abatements	481	Parking Lots Insp.	135
Viol.Ref. to other Depts.	15	Junk Yards Inspected	111
Written Notices Served	444	Interviews	112
Verbal Notices Served	318	Parking Lots reinsp.	18
Total Notices Served	762		

Industrial hygiene activities during the year didn't meet our expectations due to inspectors participating in the Multiple Dwellings Inspection Program and the absence of Occupational Health Function and Activities due to assignment of Public Health Nurses (2) to the Division of Health in December, 1972. Their absence during the entire year of 1973 was a great loss to our Bureau, our Industries, places of employment and our great worker population. Their immediate return to this Bureau in 1974 would once again give to these large taxpayers, services they need, expect and were accustomed too.

At the time of this report, I am conferring with the U.S. Department of Labor, and the N.J. State Department of Labor and Industry, relative to possible funding of our local Industrial Hygiene Program, under the Federal "Occupational Safety and Health Act." If monies can be obtained here, then we will be able to acquire needed engineering and other technical help and expand our program to the extent it

Bureau of Industrial Hygiene  
Page 2

Summary of Air Pollution Control activities are listed in Table 2 which follows immediately:

TABLE #2

Inspectional Activities - Air Pollution - Total Visits - 6,375

Complaint Inspections	374	Open Fires Put Out	21
Original Inspections	5250	Junk Yards insp.	5
Reinspections	751	No. of new installations	91
Total inspections	6375	No. of new installations	
		inspections	152
Violations Found	410	Interviews	330
Abatementes	183	Viol.Ref. to other Depts.	7
Written Notices served	152	Law Suits Instituted	125
Verbal Notices served	99	Law Suits Adjournd	261
Total Notices served	251	Law Suits Suspended	330
Smoke Readings	4179	Penalties for Viol. (6)	\$1,400
Open Fires Found	24		

Air Pollution Control activities while being productive were curtailed due to Multiple Dwellings Inspections as mentioned under Industrial Hygiene, Table 1.

We are hopefully expecting that the federal government will make monies available early in 1974 to enable us to expand our Air Pollution Control program and without interruption realize our goals and objectives. Our Air Pollution Control function was the first and the finest on a local level in the country. We were established and active before many of our states, including our own. The use of federal monies will once more establish us on the level of activities and accomplishments we enjoyed in the past.

TABLE #3

Code Enforcement (Housing)

Dwellings inspected	3052	Total inspections	12,812
Dwellings reinspected	1525	Total violations	11,594
Dwellings in Viol.	931	Viol.Ref. to other Depts.	13
Dwellings Abated	379	Vacant Buildings Insp.	12
Dwelling Units Insp.	6386	Vacant lots insp.	5
Dwelling units reinsp.	2458	Interviews	76
Dwelling Units in Viol.	3854	Law suits intituted	32
Dwelling units abated	676	Law suits ad, ourned	1
Written notices-owner	206	Law suits suspended	1
Written notices-tenant	50	Penalties for Viol. (1)	\$1,000
Total notices	256		

Bureau of Industrial Hygiene  
Page 3

The above statistical summary under heading of Code Enforcement is that resulting from Inspections and Re-inspections of Multiple Dwellings in a cooperative agreement with the State Department of Community Affairs. The State paid substantial monies to the City of Newark for these inspections in the year 1973.

TABLE #4

Laundries, Launderettes, Cleaning and Dyeing Establishments

Applications Filed	219	Licenses Issued	215
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Monies Collected & Deposited	\$11,675.00
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Permits-Fuel Burning Equipment (Installations)

Applications Received	91	Permits Issued	91
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Monies Collected & Deposited	\$ 1,496.50
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Total Monies Collected	\$13,171.50
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PLUMBING BUREAU

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD: January - December 1973	DIVISION: Inspections	AGENCY OR BUREAU: Plumbing	MANAGER: John Gesumaria
GOAL To reduce health hazards stemming from inadequate water supply.			
OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
1. Increase plumbing field inspections by approximately 35% by July 1, 1973.		X	Due to lack of inadequate manpower resources.
2. Establish procedure by January 1, 1973, whereby Water Accounting Department notifies Plumbing Bureau beforehand of any water shut-off due to non-payment of bills.		X	Due to the lack of positive cooperation from all other city agencies concerned.

BUREAU OF PLUMBING

1973 STATISTICS

	<u>1973</u>	<u>1972</u>
Dwellings Inspected		
Dwelling Units Inspected	14140	10195
Dwelling Units Reinspected		3628
No. of Commercial and other inspections	444	482
No. of Violation notices served	886	1569
No. of Violations Found	2923	2267
No. of Dwellings with violations	3192	2331
No. of notices abated	1809	980
No. of violations abated	1764	1034
Water Tests	245	238
Smoke tests	2	100
Sewer inspections	90	154
Cross-Connections	98	116
Inspections of air conditioners	56	21
Laundry inspections	237	87
Oil burner inspections	70	0
Total plumbing permits issued	551	516
New sewer permits issued	46	72
Relay sewer permits issued	22	23
Master Plumbing licenses issued	0	0
Master plumber licenses renewed	16	25
Cases submitted for court action	386	269
Plumbing permits fees	11,066.00	14,396.00
Master plumbers license fees	270.00	375.00
Total Plumbing Fees	11,336.00	14,771.00



REPORT OF OPERATIONS

	<u>Dwellings Inspected</u>	<u>Dwellings Re-Inspected</u>	<u>Dwelling Units Inspected</u>	<u>Dwelling Units Re-Insp.</u>	<u>Violations Dwellings</u>
January	732	356	1399	461	203
February	619	452	1122	452	325
March	680	363	1315	354	245
April	734	230	1124	419	188
May	669	271	1332	271	169
June	590	263	1043	487	225
July	562	240	951	292	254
August	683	287	1304	315	332
September	649	271	959	387	363
October	729	316	1482	593	460
November	705	290	1235	290	254
December	521	281	874	589	174

BUREAU OF WEIGHTS AND MEASURES

DIVISION OF INSPECTIONS  
BUREAU OF WEIGHTS AND MEASURES

Weighing and Measuring Instruments

Tested and Sealed	9,235
Condemned	249
Adjusted	926
Visits or inspections made to retail stores and other mercantile establishments	5,173
Delivery tickets examined for coal and fuel oil	501
Complaints investigated	47
Prosecutions	10
Total amount of fines	\$5,040
Special investigations at request of State Department of Weights and Measures	13
Special investigations (Other)	
Solid Fuel licenses issued	2
Solid Fuel plates issued	3
Poultry licenses issued	2
Poultry plates issued	2
Food in package form re-weighed	
Correct	78,356
Incorrect	1,312
Weights	3,223
Condemned	13
Food in package form	
No quantitative statement	485
Improperly marked	114

# Trial Purchases

Correct	7
Incorrect	0

Labels on food packages inspected	31,814
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Items weighed at request of Purchase Dept., which include deliveries to City Using Agencies, also junk, paper and other articles sold, weighed and measured for the City the Newark:

Timothy Hay	79,730 lbs.
Alfalfa Hay	2,797 lbs.
Heavy Oats	22,521 lbs.
Bran	1,800 lbs.
Beet Pulp	2,450 lbs.
Horse Feed	1,350 lbs.
Oats	2,040 lbs.
Molasses Feed	800 lbs.
Coal	156,000 lbs.
Scrap Metal	32,814 lbs.

Short Weight on Following Packages:

- (35) Veal Cutlets - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (87) Potatoes - short  $\frac{1}{2}$  oz. to 3 oz.
- (16) Beans - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (81) Pork Chops - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (38) Chickens - short  $\frac{1}{2}$  oz. to 1 oz.
- (32) T-Bone Steaks - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (2) Onions - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (13) Sugar - short  $\frac{1}{2}$  oz.
- (28) Chuck Steaks - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (2) Butter - short  $\frac{1}{2}$  oz.
- (11) Figs - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (30) Shrimp - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (15) Beef Patties - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (3) Turkey - short  $\frac{1}{2}$  oz. to 1 oz.
- (20) Hams - short  $\frac{1}{2}$  oz. to 1 oz.
- (7) Grapes - short  $\frac{3}{4}$  oz. to  $1 \frac{3}{4}$  oz.
- (10) Asparagus - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (22) Milk - short 1 oz.
- (55) Poultry - short  $\frac{1}{2}$  oz. to 1 oz.
- (28) Sirloin Steaks - short  $\frac{1}{2}$  oz. to  $\frac{3}{4}$  oz.
- (22) Pizza - short  $\frac{1}{2}$  oz.
- (5) Flour - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (1) Minute Steak - short  $\frac{1}{2}$  oz.
- (6) Pears - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (15) Ice - short  $\frac{3}{4}$  oz.
- (10) Porterhouse Steak - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (2) Delmonico Steak - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (8) Hamburger Patties - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (5) Sausage - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (9) Rib Steaks - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (2) Stew Meats - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (6) Squash - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (28) Fish - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (6) Peaches - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (10) Cheese - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (24) Lamb - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (7) Grapefruits - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (4) Soap - short 1 oz.
- (40) Spaghetti - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (12) Apples - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (2) Turnips - short  $\frac{1}{2}$  oz. to  $\frac{1}{2}$  oz.
- (3) Spinach - short  $\frac{1}{2}$  oz.

The above violations corrected

Investigations (for State Department)

- (1) relative to fruit
- (5) relative to gasoline
- (1) relative to meat
- (1) relative to cream cheese
- (2) relative to shrimp
- (1) relative to pull dates
- (4) relative to poultry
- (1) relative to test measures
- (4) relative to fuel oil deliveries
- (1) relative to pizza
- (1) relative to frankfurters
- (2) relative to tobacco
- (1) relative to nuts
- (4) relative to computing scales
- (2) relative to meat
- (4) relative to spaghetti
- (2) relative to watermelon
- (3) relative to fish
- (1) relative to potatoes
- (1) relative to bread
- (1) relative to soap

The above violations corrected

Trial Purchases:

- (1) relative to spaghetti
- (2) relative to sausage
- (1) relative to soap
- (1) relative to steak
- (1) relative to fish
- (1) relative to pork chops

Represented weights and prices charged found to be correct

Condemned Scales:

- { 1) Prescription scale - glass broken
- {39) Computing scales - cannot be adjusted
- { 8) Spring scales -  $\frac{1}{2}$  oz. fast on zero
- {22) Platform scales - cannot be adjusted
- { 6) Counter scales - will not balance
- { 1) Over-under scale - cannot be adjusted

Proprietors properly notified to have violations corrected

Condemned Pumps:

- {80) Pumps - pumping over required amount of cubic inches

Proprietors properly notified to have violations corrected

Condemned Tank Meters:

- { 9) Tank meters - leaking, cannot be adjusted

The above violations corrected

Yardsticks (Condemned):

- {13) Yardsticks - no metal ends

Weights:

- {10) Apothecary Weight - corroded

The above violations corrected

Re-checks:

- {30) 5 gal. test measures
- {48) Computing scales
- {14) Gasoline stations
- { 1) Drug store
- { 3) Supermarket
- {14) Gas pump
- { 5) Spring scales
- { 2) Platform scales

No Quantitative Statement on Following Packages:

- (165) Bread
- ( 10) Pea Beans
- ( 15) Rolls
- ( 29) Potatoes
- ( 40) Oranges
- ( 24) Macaroni
- ( 31) Grapefruits
- ( 13) Bananas
- ( 26) Cheese
- ( 35) Wheat
- ( 16) Cookies
- ( 25) Mushrooms
- ( 5) Chick Beans
- ( 6) Apples
- ( 4) Oranges
- ( 4) Ice
- ( 2) Fish
- ( 6) Cows Feet
- ( 1) Fig
- ( 8) Rabbits
- ( 6) Meatballs
- ( 7) Meatloaf
- ( 2) Pizza Dough

The above violations corrected

Improperly Marked Packages:

- ( 20) Clams
- ( 26) Neck Bones
- ( 32) Pigtaills
- ( 10) Pork Butts
- ( 9) Spareribs

The above violations corrected

Fuel Oil Deliveries:

(468) Fuel oil trucks stopped to check credentials and to determine if meters were tested and sealed for current year, and to make certain seals were intact.

(All fuel oil trucks stopped to check credentials and found to to be properly tested and sealed for current year, and all seals intact)



Condemned Scales:

- ( 1) Prescription Scale - glass broken
- (39) Computing Scales - cannot be adjusted
- ( 8) Spring Scales - 1/2 oz. fast on zero
- (22) Platform Scales - cannot be adjusted
- ( 6) Counter Scales - will not balance
- ( 1) Over-under scale - cannot be adjusted

Proprietors properly notified to have violations corrected

Condemned Pumps:

- (80) Pumps - pumping over required amount of cubic inches

Proprietors properly notified to have violations corrected

Condemned Tank Meters:

- ( 9) Tank Meters - leaking, cannot be adjusted

The above violations corrected

Yardsticks (Condemned):

- (13) Yardsticks - no metal ends

Weights:

- (10) Apothecary Weight - corroded

The above violations corrected

Re-checks:

- (30) 5 gal. test measures
- (48) Computing Scales
- (14) Gasoline stations
  - ( 1) Drug store
  - ( 3) Supermarket
- (14) Gas pump
- ( 5) Spring scales
- ( 2) Platform scales

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES	29*	
B. NUMBER & PERCENTAGE OF OBJECTIVES ACCOMPLISHED	8	27 %
C. NUMBER & PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED	21	73 %

## PROGRAM NARRATIVE

### DIVISION OF INSPECTIONS

The annual report of activities for the year 1973 of the Division of Inspections which includes the Bureau of Buildings, Electrical Bureau, Plumbing Bureau, Bureau of Code Enforcement, Bureau of Weights and Measures, Bureau of Industrial Hygiene and Air Pollution Control follow these remarks. Also included are the activities of the Complaints Processing Officer and the demolition of vacant and dangerous structures.

During the year 1973, as a result of the activities of the Division, 2,735 requests for legal action were forwarded by the various Bureaus of the Division and these were prepared for court. Of the complaints filed in court, 212,393 was imposed in fines due to convictions in 1,017 complaints, 1,373 were found guilty and sentences suspended, 501 complaints were dismissed and 151 cases were withdrawn.

In accordance with the Housing Code, any person served with a notice of said Code may request a hearing. During the year 1,064 hearings were held by the Director of the Division of Inspections and dispositions were made on all as to the time allowed to abate existing violations.

The Division works in conjunction with the Workable Program for Community Improvements. Inspections in the Bureau Code Enforcement which enforces the Housing Code are made on a block to block program and during the year, and in the coming year, concentrated efforts were made and are being made in the Central ward. Code Enforcement was divided into two sections: complaints and block to block.

### CERTIFIED AREA

The Certified Area Program is an Environmental Health Code Enforcement program geared specifically to rehabilitate the housing and improve the general residential environmental in the Central ward. The operating techniques of the program is based on the concept of comprehensive code enforcement inspection. The Central Ward will be concentrated on for specific period of time with code enforcement. Each inspector will conduct a comprehensive inspection of each dwelling in the area on a block to block basis.

During the year 1973, 641 vacant and dangerous buildings were processed for demolition. The program was held up for quite some time because of problems in federal funding. For the coming year, it is anticipated that 500 vacant buildings will be processed for demolition by the Newark Demolition Team and by private contractors.

Division of Inspections  
Page 2

The Division of Inspections work in conjunction with the Urban Podent and Insect Control program and we have one inspector assigned to the program.

The Division also concentrated on the condition of commercial buildings and enforced the Property Maintenance Code, with efforts made to make the downtown commercial are pleasant and condusive to business.

The Division of Inspections provides a special inspection on real estate and during the year requests for real estate transaction inspections were numerous. During the year 625 requests were received for said inspections which required the inspectors from each Bureau to make inspections, submit reports and letters as to their findings. The results had to be forwarded to the persons requesting the inspections and the owner of record.

It should be noted that the aforementioned procedure is a requirement of the F.H.A. and unless this procedure is followed, no mortgage can be obtained for any property located in the City of Newark. In addition, the F.H.A. also requires a report from this Division upon the abatement of all violations.

Also, insurance companies are now requiring inspections by the Electrical Bureau and statements from the Bureau as to the condition of the wiring in the buildings concerned.

All of these procedures have increased the workload of the Division but no additional personnel has been allowed to perform the increase in inspections, reports and details involved.

MULTIPLE DWELLING PROGRAM

The City performs housing inspections, re-inspections, court hearing attendances, building permit issuance and demolitions. Based upon reports prepared and forwarded by the City, the Department of Community Affairs reimburses for the activities. It is estimated that \$100,000 worth of activities will be performed in 1974.

PREVIOUS EXPERIENCE

The following amounts have been received by the City since 1969:

<u>YEAR</u>	<u>AMOUNT</u>
1969	\$46,754
1972	25,000
1973	80,465
1973	19,535
1973	57,390
TOTAL	<u>\$229,144</u>

Division of Inspections

Page 3

These amounts have been applied to a variety of purposes dedicated to local housing inspection programs. All have been approved by current fund budget insertion.

\* The total number of objectives reflect the entire Division of Inspections.

Div. of Lu.,  
Seattle

DIVISION OF PUBLIC WELFARE

NEWARK, NEW JERSEY

LOCAL ASSISTANCE BOARD

CHAIRMAN

RAMON ANESES

MEMBERS

ANTHONY GIULIANO

MRS. SHIRLEY GREEN

HARRY WHEELER

MRS. CHARLES O'FLAHERTY

SECRETARY

DIRECTOR

MRS. AUDREY H. MASSIAH

DIVISION OF PUBLIC WELFARE

1. Accounts and Finance Section
2. Personnel Section
3. Intake Unit
4. Investigational and Social Rehabilitative Unit
5. Special Services Section
  - a. Boarding Homes & Day Care Programs
  - b. City Burials
  - c. Disability
  - d. Domestic Relations Unit
  - e. Drug Rehabilitation Program
  - f. Hospital Eligibility Unit
  - g. Nursing Home Care Program
  - h. Resources & Legal Services Unit
6. Central Clearance Section
7. Stenographic Unit
8. Civil Defense Unit



CITY OF NEWARK, NEW JERSEY  
KENNETH A. GIBSON, MAYOR  
DEPARTMENT OF HEALTH AND WELFARE  
DIVISION OF WELFARE  
98-106 WASHINGTON STREET  
NEWARK, N J 07102

JAMES A. BUFORD, M.P.H.  
DIRECTOR OF HEALTH AND WELFARE

AUDREY H. MASSIAN  
DIRECTOR OF WELFARE

733-7700

January 31, 1974

TO: The Honorable Kenneth A. Gibson, Mayor  
Members of the City Council  
Mr. James A. Buford, Director of Health and Welfare  
Members of the Local Assistance Board  
Citizens of Newark

I am pleased to submit the Annual Report for the Division of Public Welfare for the Year 1973.

It was a year of breaking with old traditions in the delivery of services. This entailed planning and completion of reorganization of the Division. The changes included the following:

1. Separation of functions -- separating the determination of eligibility from the delivery of services. This change freed the Social Casework staff to provide more intensive casework. The separation of services also raises the possibility of seeking some Federal support.
2. Redistricting - a realignment of the entire Agency caseload to achieve a more equitable distribution of assignments, to bring service districts into conformity with Health Service Districts.
3. Planning completed for computerization of Division -- with the assistance of Programmers from the Data Processing Division, the needs of the Division of welfare were evaluated, and preparations were completed for computerization of the Division in four major areas: Finance, Intake, Personnel and Central Clearance.
4. Relocation of the Division -- this was a major area of concern throughout the year. As 1973 closed there were strong indications that a move to more adequate accommodations was imminent.
5. Institution of S.S.I. (Supplemental Security Income Program) -- 1973 was a year of considerable administrative preparation for this new program, for the first time providing a guaranteed annual income to substantial numbers of Newark citizens. The impact on our program so far has been minimal, but there are indications that it may have an adverse effect on City responsibilities.



In view of the changing responsibilities, and the extremely unfavorable salary scale in comparison with other comparable employers in the field, a salary study was completed. A survey of the study was undertaken, and the survey with recommendations and adjustments was presented to the Administration for consideration.

Acknowledgements for support and guidance are extended to the non-salaried members of the Local Assistance Board, and appreciation expressed for the efforts put forth by the members of the staff.

Respectfully submitted.

Audrey H. Massiah  
(Mrs.) Audrey H. Massiah  
Director  
Division of Public Welfare  
City of Newark

TABLE OR ORGANIZATION

DIVISION OF WELFARE

STATE DIVISION  
OF PUBLIC WELFARE

MAYOR

LOCAL ASSISTANCE  
BOARD

DIRECTOR OF HEALTH  
AND WELFARE

DIRECTOR OF WELFARE

ANALYST FOR  
RESOURCES MANAGEMENT

PROJECT MANAGER FOR  
OPERATIONAL SERVICES

FINANCE &  
ACCOUNTING

PUBLIC INFORMATION  
COMMUNICATIONS  
STAFF TRAINING

STAFF  
SERVICES  
PERSONNEL  
RECEPTION  
STENOGRAPHIC UNIT  
RECORDS & DOCUMENTS

INVEST.  
UNITS

SOCIAL  
REHABILI-  
TATION

SPEC. SERVICES  
LEGAL SETTLEMENT  
DOMESTIC REL.  
ECWB LIAISON  
BURIALS  
RELOCATION  
DRUG UNIT  
COMMUNITY NURSING  
HOMES

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:	DIVISION:	AGENCY OR BUREAU:	MANAGER:
FINAL December 31, 1973	Health and Welfare	Welfare	Audrey H. Massiah

## GOAL

	OBJECTIVES	Accomplished		PROBLEMS
		Yes	No	
	<u>TCP PRIORITY</u>			
1.	Relocate entire Division to a new physical plant having substantially increased work space, air conditioning and adequate parking space to accommodate the more than 75 authorized users of automobiles by December 31, 1973.		X	Although still occupying same premises, we are working with the Lawrence-Leiter Co. Management Consultants who are conducting a price study in accordance with the Agency needs, for possible relocation to 707 Broad St.
2.	Draft legislation by June 30, 1973, to be introduced to the New Jersey Legislature which would make Medicaid coverage available to General Assistance eligibles and the Medically Indigent in Newark, at expiration of the newly adopted Medicaid Waiver Project.		X	
	a) Convince State authorities that:			
	1. Newark, as a "Class A" City, is financially unable to comply with legislation adopted by State.			
	2. The municipality is vulnerable to law suits by citizens to whom these services are being denied.			
	3. The original legislation must be amended to include Newark and other "Class A" cities.			
	b) Conduct research of pertinent data necessary for initial draft of legislation and submit same to office of I.S.A. by April 30, 1973.			

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:	DIVISION:	AGENCY OR BUREAU:	MANAGER:
Final December 31, 1973	Health and Welfare	Division of Welfare	Audrey H. Marshall

## GOAL

OBJECTIVES	Accomplished		PROBLEMS
	Yes	No	
c) Require progress reports on status of legislation prepared by Office of Intergovernmental Affairs.			
<u>OTHER</u> 3. Convert the checkwriting and financial reporting units from manual to a computerized operation by September 30, 1973.		X	Delay in Data Processing Division. Programmer completed study, and is now writing plans for implementation.
a) Request Finance Department to conduct a study of the existing manual operation and prepare a proposal by December 31, 1972, for integration into the Fiscal Accountability System.			
4. Implement "Photo Identification Card System" for all clients by June 30, 1973.	X		
a) Prepare a report by November 1, 1972, detailing cases of duplicate checks issued as a result of fraudulent practices.			
b) Research and develop the estimated cost, the procedures governing the issuance and use of the I.D. Cards and the cost-benefit analysis of implementing this system and submit to Directors office by 12/15/72.			
5. Transfer to proper authorities the financial accountability of the Medicaid eligibles and self-supporting cases at Ivy Haven by September 30, 1973.	X		
a) Formulate a written proposal to be submitted to the Director by November 30, 1972, detailing the cases and the accounting activities, documents and procedures to be transferred.			

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:		DIVISION:	AGENCY OR BUREAU:	MANAGER:
Final December 31, 1973		Health and Welfare	Division of Welfare	Audrey M. Massiah
GOAL				
OBJECTIVES		Accomplished		PROBLEMS
		Yes	No	
6.	Add four (4) Supervisors and one (1) Administrative Supervisor to staff by April 30, 1973.	X		
	a) Assemble pertinent back-up data by October 16, 1972 and submit to the Director for preparation of ordinance to create position of "Administrative Supervisor" in the Division of Welfare.			
	b) Submit in 1973 budget request by October 10, 1972, a request for (4) Supervisors.			
7.	Seek to have P.E.P. employees now working as Case Workers absorbed as Case Aides when E.E.A. program is terminated, by April 30, 1973.	X		
	a) Request additional slots in 1973 budget by October 10, 1972.			
8.	Eliminate positions for temporary employees and replace with permanent positions, by September 30, 1973.	X		
	a) Seek continued scheduling of Civil Service examinations for position as Social Caseworker, on an ongoing basis.			
9.	Increase professional staff of Medical Evaluation Clinic by 100% (3 additional doctors) in order to double amount of cases processed per day, by April 30, 1973		X	
	a) Encourage Division of Health to include additional professional staff in 1973 budget request by 10/16/72			

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:	DIVISION:	AGENCY OR BUREAU:	MANAGER:
Final December 31, 1973	Health and Welfare	Division of Welfare	Audrey H. Messiah

## GOAL

	OBJECTIVES	Accomplished		PROBLEMS
		Yes	No	
10.	Decrease lateness from present level of 10% of staff per day to 4% of staff by day by June 30, 1973.	X		
11.	Reduce absenteeism from present level of 25% of staff per day to a level under 10% per day by June 30, 1973.		X	
12.	Decrease time taken by Intake Interviewers to process each client efficiently from present average time of one hour to half hour by June 30, 1973.	X		
13.	Increase output in Hospital Unit by encouraging Caseworkers to expedite the processing of more referrals within the 30 day limitation in order to decrease present 60% level of case rejections by June 30, 1973.	X		
14.	Conduct semi-annual performance evaluations on all staff by June 30 and by December 31 of each year. a) Director to evaluate each Supervisor b) Supervisors to evaluate each staff member.	X		
15.	Conduct written performance evaluations on new hires on a 30, 90 and 180 day schedule.	X		
16.	Develop, by January 31, 1973, a reporting and a performance evaluation system for each objective. Update performance periodically (monthly or bi-monthly).	X		
17.	Conduct end of year performance analysis on objectives and on the reporting system by August 31, 1973.	X		

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> Final December 31, 1973	<b>DIVISION:</b> Health and Welfare	<b>AGENCY OR BUREAU:</b> Division of Welfare	<b>MANAGER:</b> Audrey H. Kientz
<b>GOAL</b>			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	<b>Yes</b>	<b>No</b>	
8. Formulate 1974 Objectives and related standards of performance by September 30, 1973.	X		
9. Institute monthly staff meetings between Director and Supervisors and periodic staff meetings within sectional units by January 31, 1973.	X		
a) Schedule first monthly staff meeting on October 4, 1972, between Director and Supervisors.			
b) Induce Supervisors to conduct periodic meetings with their staff, not to exceed 45 minutes.			
10. Implement intensive training program, by March 1, 1973.	X		
a) Draft statement of training needs and forward to Director of Personnel Development by October 31, 1973			
b) Require all staff members to attend at least one training session per year.			
c) Encourage Supervisors to pursue courses in supervision and advanced courses in the field of social work.			

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:	DIVISION:	AGENCY OR BUREAU:	MANAGER:
Final December 31, 1973	Health and Welfare	Division of Welfare	Audrey H. Massiah

## GOAL

## OBJECTIVES

## Accomplished

## PROBLEMS

21. Encourage the County to communicate immediately with the Special Services Unit regarding the effective date when each referral is being picked up on County's rolls, January 1, 1973
- a) Prepare a report by November 30, 1972, "Cases of Duplicated Assistance Payments." Add supplement to the report enumerating causes of the problem and listing recommendations of procedures to avoid same.
- b) Implement a simplified reporting system, by October 31, 1972, for written accountability on cases disapproved for Categorical Assistance. (Require all cases reported by telephone to be written up only in forms designed for this purpose).
- c) Schedule meeting with County officials by December 15, 1972 to discuss "Duplicated assistance Payments" report and the simplified reporting system.
22. Submit proposals to seek alternate sources of funding Special Services (Drug Addiction Unit and Employment Unit) from Revenue-Sharing and LEAA funds, by January 15, 1973.
- a) Confer with Office of Intergovernmental Affairs by November 1, 1972, in order that support be sought for legislative bills, already introduced, to permit the State sharing in the administrative costs.

Yes

No

X

X



## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> Final December 31, 1973	<b>DIVISION:</b> Health and Welfare	<b>AGENCY OR BUREAU:</b> Division of Welfare	<b>MANAGER:</b> Audrey H. Magriah
<b>GOAL</b>			
<b>OBJECTIVES</b>		<b>Accomplished</b>	
		<b>Yes</b>	<b>No</b>
23. Prepare booklets for distribution to new clients outlining all medical services as well as other available services to which they are entitled by April 30, 1973.		X	
a) Appoint a Task Force by October 31, 1973, to handle, as a project, the preparation of "Information Booklets."			
24. Relocate the Medical Evaluation Clinic, preferably within the Division of Health by April 30, 1973.			X
a) Submit request to Director's Office by October 31, 1972, for evaluation of present facilities and his recommendations.			
b) Prepare and submit relocation plans to Public Works after Director's approval.			
25. Upgrade and modernize present equipment at Medical Evaluation Clinic, by June 30, 1973.			X
a) Require M.F.C. to prepare an "Equipment Condition Report" by October 20, 1972.			
b) Submit request for equipment modernization for Director's approval by October 23, 1972, and recommend that Division of Health include in their 1973 budget.			

## 1973 ANNUAL OBJECTIVES

REPORTING PERIOD:		DIVISION:		AGENCY OR BUREAU:		MANAGER:	
Ftr 1 December 31, 1973		Health and Welfare		Division of Welfare		Audrey H. Maggish	
GOAL							
OBJECTIVES				Accomplished		PROBLEMS	
				Yes	No		
26.	add three (3) Clerk-Typists to staff; acquire twelve (12) dictaphones and six (6) transcription machines, by April 30, 1973.			X			
	a) Execute transfer of funds from Line Item 100 to Line Item 400 by November 1, 1972.						
	b) Submit requisition to Central Purchasing by December 15, 1972, for dictaphones and transcription machines.						
27.	Revise dictation procedure in transmitting information between Family Service and Stenographic Units by January 31, 1973.			X			
	a) Schedule conference between Family Service Supervisors and Supervisor of Stenographic Unit by November 1, 1972 to discuss ways to improve present dictation procedures.						
	b) Formulate written procedures to be followed and implement revised dictation procedure by January 1, 1973.						

## 1973 ANNUAL OBJECTIVES

<b>REPORTING PERIOD:</b> Fiscal      December 31, 1973	<b>DIVISION:</b> Health and Welfare	<b>AGENCY OR BUREAU:</b> Division of Welfare	<b>MANAGER:</b> Audrey H. Marsh
<b>GOAL</b>			
<b>OBJECTIVES</b>	<b>Accomplished</b>		<b>PROBLEMS</b>
	<b>Yes</b>	<b>No</b>	
28. Implement the use of standardized forms for intra-departmental transmittal of information by January 31, 1973.  a) Initiate a "Systems and Procedures Study" of all existing intra-departmental transactions made with Finance Unit by November 1, 1972.  29. Seek to have New Jersey State Department of Welfare disseminate by July 1, 1973, new and revised regulations governing procedures to be followed when giving assistance to clients who do not reside within the municipality.	(	X	The change in the administration at the State level has caused a delay in follow-up of this item.

# 1973 ANNUAL REPORT

A. TOTAL NUMBER OF OBJECTIVES 29  
B. NUMBER AND PERCENTAGE OF OBJECTIVES ACCOMPLISHED 20 68  
C. NUMBER AND PERCENTAGE OF OBJECTIVES NOT ACCOMPLISHED 9 32 %

## PROGRAM NARRATIVE

As we approached 1973 we recognized the existence of a number of problems within the framework of our Division.

In our management planning for 1973 we established priorities as indicated in the following outlined Goals and Objectives.

## ACCOUNTS AND FINANCE SECTION

The Finance Section is responsible for the budgeting, receiving and disbursing of all funds in the Division of Welfare, with the exception of Payroll.

Funds are disbursed through the Public Assistance Trust Fund Account, and records are kept of all financial transactions for audit by the state and City auditors. Reports are compiled from these records, and sent to the N.J. State Division of Public Welfare for reimbursement purposes, to the Director of this Division, the Local Assistance Board and City and State officials as required.

Another responsibility of the Finance Section is the preparation of approximately 5,000 checks for mailing to clients, which are sent out once a month.

The Finance Section also collects and distributes child support payments for persons who are usually self-sustaining. This service aids them in remaining independent of Agency support.

Three major changes during the year 1973 had an impact on the operation of the Finance Section:

1. Ivy Haven Nursing Home was closed.
2. A new statistical reporting system was mandated by the State.
3. The Public Assistance Trust Fund Account was divided, and is handled by two banks.

The closing of Ivy Haven removed the responsibility of handling Ivy Haven finances from the Division of Welfare, but this was more than offset by the new reporting requirements. The manual operation now in use does not meet the needs of the department any longer. Mechanization (which is listed in the goals of the Agency), has become a necessity. Programmers and planners in data processing were assigned to the Division to analyze the Agency needs for computerization, with a target date set for early 1974 for implementation.

The handling of the Public Assistance Trust Fund Account by two separate banks made accounting and record keeping more complex. Mechanization will also relieve the problems in this area.

However, computerization cannot solve the rising General Assistance case-load and increasing costs for health care. The amount of money received by the clients is regulated by the maximum allowance, but payments for eligible services have soared to new heights.

The General Assistance Budget appropriation of \$2,655,878 for 1973 had to be increased by an Emergency Appropriation of \$600,000 to meet the obligations for the year, due to the lack of additional resources anticipated for the cost of health care from the Medicaid waiver.

## Accounts and Finance Section (Cont.)

A study of openings and closings for 1973 shows a moderate caseload increase (32.8 per month) but it must be considered that every one of the cases opened, (6,968) or closed (6,616) received a money grant in addition to the cases that remain open and are serviced every month.

The money spent on General Assistance during 1973 was \$13,299,145, of which 75% was provided by the State. Of the \$13,299,145 expended, \$3,420,094 was for in-patient care at hospitals, which was 25.7% of the total expenditures.

If the Medicaid waiver is implemented, there will be a minimum savings on General Assistance costs of 33% when the other eligible health costs are absorbed, along with the in-patient care.

General Assistance budgetary planning must still allow for the flexibility of the General Assistance caseload, and for new allowances generated by changes in the General Assistance Manual, formulated and issued by the State Division of Public Welfare, as established by legislation.

COMPARATIVE STATEMENTS  
RECEIPTS AND DISBURSEMENTS  
GENERAL ASSISTANCE

	<u>1971</u>	<u>1972</u>	<u>1973</u>
<u>Bank Balance - January 1st</u>	<u>\$592,028.</u>	<u>\$528,552.</u>	<u>\$777,006.</u>
<u>RECEIPTS:</u>			
City of Newark-Emergency Appropriation	\$1,850,000.		\$3,255,878.*
City of Newark-Budget Appropriation	1,750,000.	\$3,083,710.	9,129,196.
State Aid	6,890,820.	9,912,722.	27,301.
Ivy Haven	1,284,756.	1,358,615.	115,038.
Miscellaneous (burial, redeposits, etc.)	97,558.	80,589.	143,89.
Municipal Non Settled	101,025.	184,670.	298,394.
Cancelled Checks	<u>165,243.</u>	<u>211,356.</u>	
<u>TOTAL RECEIPTS</u>	<u>\$12,139,402.</u>	<u>\$14,831,662.</u>	<u>\$12,969,596.</u>
<u>DISBURSEMENTS:</u>			
Direct Relief Payments	\$ 7,659,255.	\$ 8,710,194.	\$ 9,289,680.
Emergency Relief	86,622.	19,758.	14,420.
Central Office	3,197,882.	4,380,290.	3,992,067.
Ivy Haven	<u>1,259,119.</u>	<u>1,472,966.</u>	<u>2,978.</u>
<u>TOTAL DISBURSEMENTS</u>	<u>\$12,202,878.</u>	<u>\$14,583,208.</u>	<u>\$13,299,145.</u>
 <u>Bank Balance - December 31st</u>	 <u>\$ 528,552.</u>	 <u>\$ 777,006.</u>	 <u>\$ 447,457.</u>

\*\$600,000. Emergency Appropriation

ADMINISTRATION EXPENSES

	<u>1971</u>	<u>1972</u>	<u>1973</u>
1. Personnel			
(a) Salaries	\$888,792.	\$807,744.	\$872,420.
(b) Other - Travel Expenses	<u>11,196.</u>	<u>15,820.</u>	<u>19,356.</u>
2. Other Expenses	<u>84,933.</u>	<u>79,437.</u>	<u>107,008.</u>
<u>Total Administration Cost</u>	<u>\$984,921.</u>	<u>\$903,001.</u>	<u>\$998,784.</u>

NEWARK'S SHARE GENERAL ASSISTANCE PAYMENTS

Assistance Budget Appropriation	\$3,600,000.	\$3,083,710.	\$3,255,878. *
Administrative Cost	<u>984,921.</u>	<u>903,001.</u>	<u>998,784.</u>
<u>Total Newark Cost</u>	<u>\$4,584,921.</u>	<u>\$3,986,711.</u>	<u>\$4,254,662.</u>
<u>GENERAL ASSISTANCE PAYMENTS</u>			
<u>NEWARK ACTIVE CASE LOAD</u>	<u>\$12,202,878.</u>	<u>\$14,582,954.</u>	<u>\$13,299,145.</u>

\* It was necessary to obtain a \$600,000. Emergency Appropriation to meet 1973 General Assistance Needs.



DETAILED SCHEDULE OF DIRECT RELIEF PAYMENTS

	<u>1971</u>	<u>1972</u>	<u>1973</u>
Maintenance	\$7,659,255.	\$8,709,939.	\$9,289,680.

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DETAILED SCHEDULE OF OTHER RELIEF PAYMENTS

	<u>1971</u>	<u>1972</u>	<u>1973</u>
Emergency Relief	86,622.	19,758.	14,420.
Out of Town	260,184.	331,984.	323,908.
Miscellaneous	45,552.	59,787.	222,881.
Temporary Shelter	422.	140.	126.
Ivy Haven	1,259,119.	1,472,966.	2,980.
Private Hospitals	258,237.	423,048.	491,348.
Special Medicine	11,480.	13,320.	21,336.
Transportation	9,222.	6,948.	3,720.
N. J. College of Medicine & Dentistry	<u>2,612,785.</u>	<u>3,545,064.</u>	<u>2,928,746.</u>
Direct Relief and Other Relief Payments - Total	<u>\$12,202,878.</u>	<u>\$14,582,954.</u>	<u>\$13,299,145.</u>

## STATEMENT OF CASES OPENED AND CLOSED

MARCH 1, 1973\* TO DECEMBER 31, 1973

<u>REASON FOR OPENING OR REOPENING CASE</u>		<u>REASON FOR CLOSING CASE</u>	
<u>Opening Code</u>		<u>Closed Code</u>	
1. Age- Excessive Medical Costs	108	11. Death	100
2. Temporary Illness	2,212	12. Recovery from Illness or Disability	149
3. Physical or Mental Disability	46	13. Hospitalization Terminated	507
4. Hospitalization	509	14. Receipt of Categorical Assist.	865
5. Death of Wage Earner	2	15. Employment	674
6. Pending Categorical Assistance	472	16. Increased Employment	23
7. Insufficient Income-Unemployed	1,477	17. Increased Contributed Income	25
8. Insufficient Income-Underemployed	20	18. Receipt of State or Federal Benefits	270
9. Other	1,092	19. Other	<u>3,008</u>
	<hr/>		
TOTALS	5,938	TOTALS	5,621

\* New coding system implemented by State, starting March 1973 for Newark.

Openings - January - February 1,030

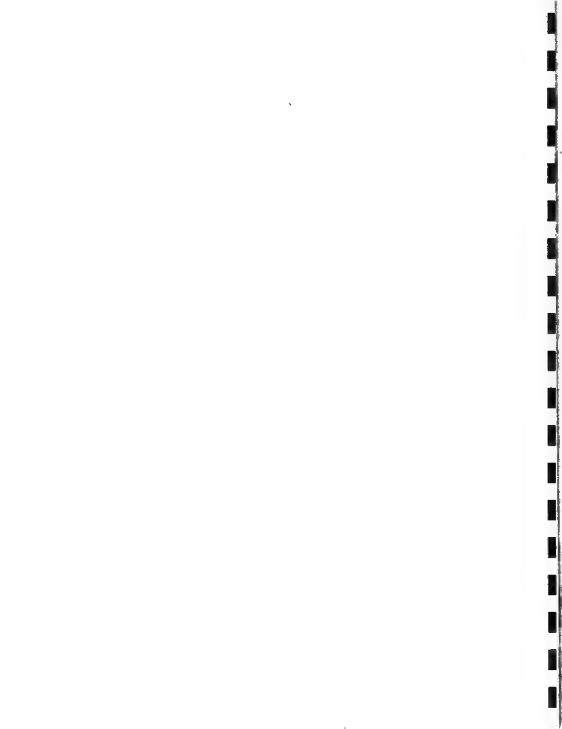
Closings - January-February 998

1973 ACTIVE WELFARE CASES - HOSPITALIZATION

<u>Month</u>	<u>Cases</u>	<u>Patients</u>	<u>Days</u>	<u>Amount</u>	<u>Per Diem Cost</u>
January	-	-	-	-	-
February	125	125	1807	\$190,457.80	105.40
March	130	130	1792	188,876.80	105.40
April	160	160	2274	239,679.60	105.40
May	77	77	1210	127,534.00	105.40
June	150	150	1720	181,288.00	105.40
July	121	121	1719	181,182.60	105.40
August	328	328	3752	395,460.80	105.40
September	112	112	1504	158,521.60	105.40
October	-	-	-	-	-
November	285	285	3945	469,455.00	119.00
December	<u>71</u>	<u>71</u>	<u>917</u>	<u>109,123.00</u>	119.00
TOTALS	1,449	1,449	20,640	\$2,241,579.20	

1973 HOSPITALIZATION ONLY CASES (HOSPITALIZATION ELIGIBILITY)

<u>Month</u>	<u>Cases</u>	<u>Patients</u>	<u>Days</u>	<u>Amount</u>	<u>Per Diem Cost</u>
January	55	55	606	\$63,872.40	105.40
February	-	-	-	-	-
March	32	32	725	76,415.00	105.40
April	48	48	853	89,906.20	105.40
May	47	47	785	82,739.00	105.40
June	61	61	921	97,073.40	105.40
July	-	-	-	-	-
August	62	62	937	98,759.80	105.40
September	38	38	646	68,088.40	105.40
October	-	-	-	-	-
November	41	41	739	87,941.00	119.00
December	<u>15</u>	<u>15</u>	<u>188</u>	<u>22,372.00</u>	119.00
TOTALS	399	399	6400	\$687,167.20	



FINANCE DIVISION

DOMESTIC RELATIONS SECTION

ALIMONY AND CHILD SUPPORT COLLECTIONS

<u>Month</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
January	\$10,651.	\$10,224.	\$ 8,110.
February	10,319.	10,498.	8,219.
March	12,140.	9,857.	10,002.
April	11,246.	9,763.	8,341.
May	12,104.	12,506.	9,121.
June	11,591.	10,065.	9,276.
July	10,008.	8,134.	9,033.
August	11,177.	10,108.	7,008.
September	10,233.	8,312.	6,826.
October	10,518.	8,800.	7,704.
November	10,806.	9,050.	7,914.
December	10,141.	8,142.	6,215.

## 1973 ANNUAL PERSONNEL REPORT

This section has varied responsibilities, including supervision of personnel records, clerical assignments, general inventory, control of stock room and the annual Salary and Wages Budget.

It is also the function of this office to assist the Director of Welfare with managerial plans, as well as being responsible for the general maintenance of the office.

Total employees in 1973 Budget	100
Total P.E.P. employees picked up by Welfare	38
25 Welfare Investigators	9/10/73
3 Clerk Stenographers	9/10/73
20 Clerk-Typist	11/19/73

Total 1973 Salary and Wages Appropriation including 1973 pick-up was \$872,420.

### ACTIVITIES

#### TEMPORARY APPOINTMENTS PENDING C.S. EXAMINATION (REPLACEMENTS)

8/20/73	Alice Barnett	Social Caseworker
8/20/73	Denise Clark	Social Caseworker
10/9/73	Willie Lewis	Social Caseworker
7/30/73	Dorothy McCall	Sr. Clk. Transcriber
11/12/73	Marjorie Wharton	Social Caseworker
11/7/73	Robert Poteete	Social Caseworker
11/7/73	Beverly Boyd	Clerk-Typist
10/19/73	Philip Branch	Social Caseworker
11/5/73	Carl Crawford	Social Caseworker
11/5/73	Martin Hofler	Social Caseworker
11/6/73	Gordon Pizzano	Social Caseworker
11/19/73	Viola Williams	Clerk-Typist
11/19/73	Barbara Newbold	Clerk-Typist
11/19/73	Loretta Shanks	Clerk-Typist
11/19/73	Mary Hunter	Clerk-Typist
11/19/73	Rosario Mendez	Clerk-Typist
11/19/73	Camille McDonald	Clerk-Typist
11/19/73	Deborah Malloy	Clerk-Typist
8/31/73	Marjorie Wharton	Social Caseworker
8/31/73	Mary Oliver	Social Caseworker
8/31/73	Sheryl Powell	Social Caseworker
8/31/73	Evelyn Robinson	Social Caseworker
8/6/73	Helen Breitstadt	Social Caseworker
8/6/73	Norma J. Harris	Social Caseworker
8/28/73	Clara Reese	Social Caseworker
8/6/73	Sheila Reed	Account Clerk
6/8/73	Jean Thompson	Receptionist
1/22/73	Alice Mae Breeden	Clerk-Typist
1/22/73	Elizabeth Goldston	Clerk-Typist

TEMPORARY APPOINTMENTS (continued)

9/10/73	Sharilyn Allah	Welfare Investigator
9/10/73	Deborah Avery	"
9/10/73	Anne E. Bell	"
9/10/73	Burtram Berry	"
9/10/73	Ernestine Brown	"
9/10/73	Joann Calice	"
9/10/73	Ronald Davie	"
9/10/73	Dorian Douglas	"
9/10/73	Harold Dunn	"
9/10/73	William Evans	"
9/10/73	Mary Flanagan	"
9/10/73	Everett Laws	"
9/10/37	Claudia Olivier	"
9/10/73	Beatrice Smith	"
9/10/73	Sheila Snyder	"
9/10/73	Matilde Vicent	"
9/10/73	Geraldine Vallario	"
9/10/73	Jacqueline Walters	"
9/10/73	Olga Lemus	"

APPOINTMENTS AS PER CIVIL SERVICE CERTIFICATIONS (REPLACEMENTS)

2/25/73	Judyth Simmons	Social Caseworker
2/26/73	Stephanie Pesci	"
1/2/73	Robert Hanahan	"
1/2/73	Joseph Georgewitz	"
1/2/73	Kirk Nixon	"
1/2/73	Leon Novendstern	"
1/2/73	Anthony Spinelli	"
1/2/73	James Sauchelli	"
1/8/73	Ann Noon	"
1/8/73	Robert Taylor	"
7/23/73	Alwyn Tucker	Clerk Typist
7/23/73	Arthur Feret	Social Caseworker
7/23/73	Josephine Jinks	"
7/23/73	Michael Fish	"
6/25/73	Neonilia Bednarsky	"
5/7/73	Leola Smith	"
5/15/73	Nathaniel Fanning	"
5/15/73	Phyllis Justice	"
5/15/73	Paulette Marino	"

RETURN TO PERMANENT POSITION

5/14/73	Marian Jackson	Sug. J. Prin. Clk. Stenog.
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REASSIGNED FROM DIVISION OF HEALTH AND INSPECTIONS

5/14/73	Eddie Mae Livingston	Ass't Chief Clerk (Health)
6/11/73	Clara Hunt	St. Inst. Tel. Opr. (Inspect.)

REASSIGNED TO HEALTH DIVISION

5/14/73	Mamie Hawkins	Supv. Prin. Clk. Stenog.
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PERMANENT PROMOTIONS (C.S. CERTIFICATIONS)

1/12/73	Joseph Eule	Social Casework Supervisor
1/12/73	Elva Goode	Social Casework Supervisor

RETIREMENT

7/28/73	Elva Goode	Social Casework Supervisor
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PROMOTIONS PENDING C.S. EXAMINATION

7/30/73	Wanda Kremanek	Sr. Clk. Transcriber
8/13/73	Gerald Trotta	Social Casework Supervisor
8/13/73	Robert Ahrens	Social Casework Supervisor
9/3/73	Carolyn Gordon	Social Casework Supervisor
7/30/73	Alwyn Tucker	Sr. Clk. Transcriber
7/2/73	Milton Weiss	Administrative Supv.

RESIGNATIONS

12/3/73	Clara Reese	Social Caseworker
10/26/73	Carolyn Bayer	"
1026/73	Lucy Gutman	"
10/26/73	Joseph Georgewitz	"
10/26/73	Phyllis Justice	"
11/5/73	Arthur Feret	"
11/5/73	Gordon Pizzano	"
8/24/73	Paulette Marino	"
9/21/73	Robert Hanahan	"
8/3/73	Samuel Forlenza	"
8/3/73	Robert Keagle	"
8/3/73	Kirk Nixon	"
8/17/73	Robert Taylor	"
8/24/73	Cora Coney	"
8/24/73	Anthony Colella	"
7/13/73	Brenda Arnold	"
6/22/73	Laverne Wilson	"
6/29/73	Betsy Smith	"
2/2/73	Leon Novendstern	"
2/2/73	Ann Noon	"
2/2/73	James Sauchelli	"
2/23/73	Howard Eng	"
6/19/73	Vivian Robinson	Clerk-Typist

TERMINATIONS

9/14/73	Debra Green Plummer	Clerk-Typist
7/17/73	Janice Hill	Account Clerk
10/19/73	Margo Teague	Clerk-Typist

# RECAPITULATION

C.S. Certifications	20
Return to Permanent Position	1
Reassignments - From Health	1
From Inspections	1
To Health	1
Retirement	1
Terminations	3
Promotions Pending C.S. Examinations	6
Resignations	23
Temporary Appointments (Replacements)	48

In 1973, 10 Social Caseworkers from the Welfare Demonstration Project and 1 Administrative Aide from the Public Employment Program were assigned to work under the administration of the Division of Public Welfare.

### INTAKE UNIT

The Intake Unit of the Division of Public Welfare aids the applicant in establishing eligibility for General Assistance, in accordance with State laws formulated into regulations established by the New Jersey State Division of Public Welfare. It is a requirement that the applicant have a bona fide address in order to file an application. Approximately 15% of these cases are emergencies such as homeless victims of fire, evicted persons, persons previously incarcerated and patients discharged from hospitals.

The applicant is screened by a receptionist; then referred to an intake caseworker. The caseworker completes the application form requesting General Assistance due to lack of resources. If accepted, the application is processed and sent to the Income Determination Unit for assignment to the welfare investigation worker for a home visit, and verification of need as set forth in the application.

Applications are classified according to the following categories:

1. Single individuals between the ages of 18 and 65 without minor children.
2. Husband and wife (no minor children) between the ages of 18 and 65.
3. Minor children residing in the home of non-related persons - pending services or acceptance by the Division.
4. Over 18, not attending school full time.
5. Home Intake - based on incapacity of applicant (upon request of applicant).

INTAKE APPLICATION FLOW CHART

1973	Persons Screened Recop. Desk	Appls. Seen At Intake Desk	Intake		Appls. Assigned to Family Service	Appls. Carried Forward Prev. Mo.	Total Appls. Accepted		New	Re-open	Appls. Rejected Family Serv. Div.	Appls. Pend. End of Month	Petty Cash	
			Accep- ted	Rejec- ted			Fam. Ser.						No.	Amount
Jan.	4,402	629	441	188	462	302	348	226	122	77	339	144	\$	720.00
Feb.	4,493	777	573	204	602	339	509	336	173	106	326	247		1,235.00
Mar.	4,745	611	414	197	448	326	366	235	131	197	341	149		745.00
Apr.	5,911	768	574	194	606	341	473	320	153	118	356	137		685.00
May	5,401	585	449	136	485	356	492	355	137	90	259	119		600.00
June	4,848	517	403	114	430	259	298	204	94	96	295	32		165.00
July	4,723	581	457	124	495	295	394	289	105	67	329	78		395.00
Aug.	5,469	701	568	133	618	329	455	288	167	105	387	122		630.00
Sept.	5,315	620	530	90	542	387	412	276	136	112	405	142		740.00
Oct.	5,728	647	480	167	506	405	435	303	132	127	349	70		375.00
Nov.	4,576	584	449	135	462	349	349	248	101	159	303	50		265.00
Dec.	5,247	561	469	92	496	303	419	276	143	143	237	60		305.00
TOTALS	60,858	7,581	5,807	1,774	6,152	3,991	4,950	3,356	1,594	1,397	3,926	1,350		\$6,860.00

INVESTIGATIONAL UNIT AND  
SOCIAL REHABILITATION SERVICE UNIT

The General Assistance Manual formulated by the State Division of Public Welfare, Department of Institutions and Agencies, outlines regulations governing the General Assistance Program. The Municipal Welfare Division is a City agency governed by City and State laws. Since the State pay 75% of our General Assistance budget, we must adhere to State laws. If we fail to do so, the City must assume the entire cost, thus increasing the tax rate within the City.

Caseloads consisting of single individuals and childless couples are geographically assigned to social caseworkers for service, after eligibility has been established by members of the Welfare Investigational Unit. In separating Social Rehabilitation Services from Eligibility Determination, our specific objective is to provide services leading toward the goal of economic independence to a significant number of applicants for and recipients of General Assistance, in order to reverse the long-range trend toward an increase in the number of persons receiving General Assistance.

The Social and Rehabilitation Service Unit has the responsibility only for evaluation, on an individual basis, of the cause of dependency of each recipient of assistance, and of providing the services needed to prepare the individual for economic independence. Services include, but are not limited to planning with the client for an improvement in his conditions; referral to training and employment resources, evaluation and treatment of psychological barriers to self-support, and identification of and solution to the social needs of the client for adequate housing, transportation and other facilities to improve the quality of life.

With the reorganization plan implemented, Agency policy guidelines eliminated the use of Centers located in the housing projects in the City, where clients were required to see their workers monthly, at a scheduled time, for the purpose of establishing continued eligibility. Monthly home visits by the social caseworkers replace the previous center arrangement.

During 1973 additional health facilities were engaged for medical evaluations of the clients for determination of the physical condition for possible referral to other programs. The additional Health Centers were Timothy Still, Bessie Smith, the North Jersey Community Health Center.

### BOARDING HOME AND DAY CARE PROGRAM

It is the joint responsibility of the Division of Public Welfare and the Division of Health to approve and license private homes for the board and care of children under sixteen years of age in Newark. Applicants for licenses must meet eligibility regulations covering health of the individual making the application, physical conditions in and of the home, and the number of children allowed.

After investigation of the home and evaluation of the applicant by a Division of Welfare Social Caseworker, the application is processed by the Division of Welfare Social Caseworker, the application is processed by the Division of Welfare and retained here. Periodic visits are made to the homes by Division of Public Health Nurses and Division of Public Welfare Social Caseworkers to insure that all regulations are being adhered to.

Boarding homes are licensed annually, with the license expiring on December 31st. At the end of the year a nurse makes an evaluation visit and recommends either the continuation or termination of the license. The nurse can also recommend that departures from the regulations, if any, be corrected within a stipulated time in order for the license to be renewed.

The boarding home is licensed for Day Care or Combined Care. A Day Care license does not permit overnight care, while a Combined Care license allows both day care and overnight care.

During the year 1973 this Division approved the licensing of 9 boarding homes for day care. No boarding homes for Combined Care were licensed.

### CITY BURIALS

The Division of Welfare has the responsibility of assuming the financial cost of burials for indigent persons who expire in the City of Newark.

When the Division of Public Welfare authorizes the payment of burial expenses, State Aid, in the form of 75% reimbursement, is provided if the total cost of the burial does not exceed \$500; all available resources (life insurance, QASDI death benefits, contributions by relatives or others) are applied to reduce the total cost; and the amount to be paid from General Assistance funds to supplement such resources, or in the absence of any such resources does not exceed \$350.

General Assistance funds are provided for burials under the above provisions for a person who is an active recipient of General Assistance at the time of death, a person who had applied within fifteen (15) days prior to death, but for whom no General Assistance payment had yet been issued; a person who dies while a patient in a general hospital or in any private institution to which he had been admitted for temporary care, and who had been receiving General Assistance at the time of such admission; a person who had received General Assistance at any time within six (6) months prior to death, and who at the time of death is determined to be without insufficient resources to defray the burial expenses.

In addition, the City of Newark has entered into a contract with the Guenther Funeral Home to provide burials for persons who do not come within the above provisions. The service is performed at rates approved in the contract, but the City receives no reimbursement from the State for this expenditure.

In 1973 the Division of Public Welfare paid \$24,117 for burials. Of this total, 75% of the cost for Welfare clients, as defined above, was reimbursed by the State, and an additional \$13,190.59 was collected from the person's other resources, as defined above, chiefly Social Security Lump Sum Death Benefits.

CITY BURIALS  
STATISTICAL REPORT - 1973

<u>MONTH</u>	<u>ADULTS</u>	<u>CHILDREN</u>	<u>STILLBORNS</u>
January	8	5	0
February	4	11	12
March	9	6	12
April	6	7	11
May	10	1	2
June	6	3	8
July	14	1	0
August	6	6	7
September	5	6	0
October	3	0	6
November	6	0	5
December	<u>6</u>	<u>0</u>	<u>0</u>
TOTAL	83	46	63



## DISABILITY ASSISTANCE UNIT

General Assistance is granted to disabled persons by the Municipal Welfare Division, until a determination has been made to establish the client's eligibility for Categorical Assistance from the Essex County Welfare Board.

There are various agencies to which referrals of active cases are made, and the Disability Assistance Unit is the liaison office between them and the Newark Division of Welfare. Controlling pending cases and preventing duplication of monthly grants is extremely important. Therefore, up to date files must be maintained on all active cases referred to or from other agencies.

Listed below are the six types of Categorical Assistance for which referrals are made:

1. Disability Assistance - Statements from private doctors or our Medical Evaluation Clinic declaring clients permanently and totally disabled may be used to apply to the County for Disability Assistance. The Newark Division of Welfare provides assistance until the case is approved by the Medical Review Team in Trenton. Those clients who are pending Disability Assistance with the County may be referred by the County to the Division of Welfare for the same assistance.
2. Aid to Dependent Children - General Assistance is provided to women who are pregnant, have no minor children living with them, and are without husbands or resources, and are ineligible for the Categorical Programs. The Essex County Welfare Board accepts the referral of clients in their 7th month of pregnancy, for potential aid to Families with Dependent Children assistance program. Categorical Assistance is granted upon the birth of the child, and payment of the medical expenses for delivery of the child.
3. Aid to Families of the Working Poor - Couples awaiting the birth of their first child, and who are legally married, are ineligible for any of the Categorical Programs, but are eligible for General Assistance if they are without resources or income. In the wife's 8th month of pregnancy, they are referred to the County for Categorical Assistance. Eligibility is established for Categorical Assistance and payment of medical expenses incurred for delivery upon birth of the child.
4. Old Age Assistance - Elderly clients, aged 65, with proper verification of their age, are referred to the County. (Program to be transferred to S.S.I. (Supplemental Security Income) program effective January 1, 1974.)
5. Aid to the Needy Blind - Pending approval by the State Medical Review Team, assistance is granted by the Division of Public Welfare to those persons declared legally blind, who have been referred to the Essex County Welfare Board.

6. Division of Youth and Family Services - Assistance may be granted by the Division of Youth and Family Services to children residing in a household where relationship cannot be established. It is the policy of the Division of Public Welfare to render assistance to all cases referred by the Division of Youth and Family Services to this Agency until those cases become active with that Agency.

# DISABILITY ASSISTANCE STATISTICS

Pending Cases Carried Over	645	
Referred to ECWB During Period	755	
Total	1400	
Cases Referred to D.P.W. by ECWB	487	
Total	1887	1887
*Cases Accepted by ECWB	885	
Cases Denied by Medical Review Team	478	
Cases Closed for Other Reasons	122	1485
Total Disposed of	1485	402
Balance to Carry Over		

## BREAKDOWN OF CASES ACCEPTED BY ECWB

Aid to Dependent Children	293
Disability Assistance	569
Old Age Assistance	12
A.F.W.P.	6
Aid to Needy Blind	5
Total	885

\*Cases closed by D.P.W. for reasons such as deceased, unable to locate, receiving S.S. or T.D.B., lack of cooperation, etc.

DOMESTIC RELATIONS  
STATISTICAL REPORT - 1973

The following statistics reflect the receipt of \$97,766.58 in support payments during 1973.

This money was contributed by adjudicated fathers in approximately 507 cases supervised by this division.

This income where applicable is budgeted by the Essex County Board for active ADC cases. Support of children active with E.C.W.B. is paid through this agency after filiation order is initiated at Newark Family Court.

There has been a total of 5,043 contacts in all facets of Domestic Relations Division operations during 1973 as indicated in statistical breakdown.

STATISTIC 1      REPORT

COLLECTED CASES    SERVICED    BY    DDI    IL    1973

PATERNITY CASES

Complaints taken	34
Guilty Pleas	22
Not Guilty Pleas	12
Paternity Trials	11
Filiation Orders	30
Persons Ineligible	46
Termination Orders	34

CONTENT CASES

Arrears Letters	320
Employment Clearance	178
School Verifications	127
Summons to Defendants	431
Summons to C W	431
Court Appearances	386
Bench Warrants	82
Case Entries	456
Correspondence (Attorneys)	14
Defendants committed	4

NON-SUPPORT CASES

D.P.W. Referrals	14
Informal hearings	10
Formal hearings	4

FINANCIALS

INFORMAL hearings	62
Formal hearings	5
Restitution	41

MISCELLANEOUS

Office Interviews	244
Telephone calls (Incoming)	1,086
Telephone calls (Outgoing)	873
Letters (Miscellaneous)	86

## DOMESTIC RELATIONS DIVISION

STATISTICAL REPORT - PATERNITY CASES

<u>MONTH</u>	<u>1972</u>	<u>1973</u>
JANUARY	10,248.00	8,109.50
FEBRUARY	10,017.50	8,219.23
MARCH	10,263.00	10,001.50
APRIL	9,752.00	8,341.00
MAY	10,411.50	9,121.00
JUNE	9,771.00	9,276.00
JULY	8,845.00	9,032.90
AUGUST	9,216.50	7,007.50
SEPTEMBER	8,322.00	6,825.50
OCTOBER	8,838.00	7,704.44
NOVEMBER	8,837.00	7,913.50
DECEMBER	8,581.00	6,214.51
	<u>✓113,102.00</u>	<u>997,766.58</u>

FRAUD CASES ( RESTITUTION - 1973 )      \$4,371.71

## DRUG ABUSE REHABILITATION PROGRAM

The Department of Public Welfare continues to cooperate with the Drug Rehabilitation Programs operating within the City of Newark.

The residential centers are:

Drug Addiction Rehabilitation Enterprise, Inc. (D.A.R.E.)  
209 Littleton Avenue

Garden State Odyssey House, Inc.  
61 Lincoln Park

Integrity House, Inc.  
45 Lincoln Park

Eligible Enrollees in out patient programs such as Methadone Treatment Center and the New Well are also active with our program.

For the year of 1973, a total of 91 persons who have completed the programs have gainfully secured employment and remained drug free.

One Caseworker is assigned as a liaison with the residential centers to supervise and investigate all the work involved at the Drug Treatment Centers.

Many of the enrollees at the Centers were committed by the Courts or Probation Departments. The remainder were referred by Social Agencies, parents, friends or on their own initiative. All needs were met by this Agency for those eligible for General Assistance.

The Centers received grants for administrative purposes from the National Institute of Mental Health. All other operative costs are solicited from public and private funds; but such appeals are insufficient for total maintenance. Therefore, it is necessary that those who have no resources apply to this Division for assistance, in order to defray expenses for room and board, as provided under



# General Assistance Regulations.

Applications are taken and investigation is made on each case for determination of the financial status of the resident-applicant and all legally responsible relatives, who must contribute in accordance with their evaluated capacity, as determined by the State Division of Public Welfare in the General Assistance Regulations. They may do so on a voluntary basis or compelled to, through the Newark Family Court. This law regarding Legally Responsible Relatives is covered by New Jersey Statutes 44-139.

Regular visits are made to each Center to discuss progress with each resident and to maintain a record of the status on all active cases.

At this time, 80% of the residents lack Newark Settlement(non-residents of Newark prior to entering the program) and much time is given in contacting the responsible Municipality for acknowledgement and reimbursement.

Our caseload at these Centers as of December 31, 1973 was 84 cases, plus 40 pending. Throughout the year, 189 applications were accepted, of which 24 were rejected and 165 accepted. During this period, 203 cases were closed.

REPORT FOR THE MEDICAL EVALUATION CENTER FOR THE YEAR ENDING DECEMBER 31, 1973

<u>MONTH</u>	<u>APPOINTMENTS MADE</u>	<u>PATIENTS EXAMINED</u>	<u>PATIENTS FAILED</u>	<u>PATIENTS CANCELLED</u>
January	290	160	68	62
February	191	97	77	17
March	225	132	81	12
April	244	114	100	30
May	265	145	106	14
June	245	145	92	8
July	252	137	102	13
August	209	88	108	13
September	173	100	72	1
October	201	115	84	2
November	197	122	72	3
December	182	93	85	4
TOTAL	2674	1448	1047	179

ESTIMATE LENGTH OF DISABILITY

<u>MONTH</u>	<u># DISABILITY</u>	<u>LESS THAN 2 MONTHS</u>	<u>2 to 6 MONTHS</u>	<u>OVER 6 MONTHS</u>	<u>OVER 1 YEAR</u>	<u>TOTAL</u>
January		18	83	40	19	160
February		10	36	36	15	97
March		32	50	44	6	132
April		23	46	33	12	114
May		31	61	42	11	145
June		31	53	49	12	145
July		33	52	46	6	137
August		6	37	36	9	88
September	5	24	44	25	3	100
October		23	53	37	2	115
November	1	1	35	46	39	122
December		5	28	37	23	93
	6	237	578	470	157	1448

HOSPITAL ELIGIBILITY UNIT  
GENERAL ASSISTANCE - IN-PATIENT CARE

An eligible person may be entitled to General Assistance with respect to in-patient hospital care and services, when rendered in an approved hospital, and when the continuous period of hospitalization thereafter is dependent upon medical necessity for hospital care for treatment or diagnostic service, as prescribed by an attending physician fully licensed to practice medicine, and surgery. Out-patient ambulatory care is provided through facilities at the Newark Division of Health, Department of Health and Welfare.

An eligible person may also be entitled to benefits for hospital care and services when rendered in an approved hospital in connection with dental treatment on an in-patient basis. Out-patient dental care is available through facilities provided by the Newark Division of Health.

Hospital services not included for payment under the General Assistance Regulations:

1. Hospital services rendered to any person under registration as an out-patient.
2. Hospital services rendered elsewhere than an approved hospital.
3. Hospital services rendered in connection with dentistry, except to the extent specified previously.
4. Hospital services rendered in connection with hospitalization, which is primarily for bed rest, rest cure, convalescent, custodial, or sanatorium care; diet therapy, or occupational therapy, etc.

Active General Assistance clients and those individuals who are eligible for General Assistance for in-patient care may select the hospital of their choice in the City, to whom the City pays approved Blue Cross rates on an all inclusive basis.

During 1973, 2317 applications for hospital payments were investigated for eligibility under the General Assistance program, and 365 applications were accepted for payment. These cases represented 6189 days of hospital care, at a total cost of \$666,568.70.

NURSING HOME CASES FOR 1973

A total of 62 patients were processed and placed in Nursing Home facilities during the year of 1973.

The Nursing Home caseload fluctuated throughout the year as the responsibility of individual cases was assumed by other agencies.

We averaged a constant House Census of 26 patient each month.

The majority of our patients were hospitalized in the Newark Health and Extended Care Facility. One patient, a multiple sclerosis victim, was maintained in the Essex County Geriatric Hospital since she had been a patient there for some time prior to the acceptance of her responsibility by the City. The doctors there felt that it was conducive to her well being to remain where she was rather than be moved. A second patient, a terminal cancer patient was placed in the Edison Nursing Home so that he would be close to the residence of his relatives.

A personal incidental check was granted to each of our patients in the amount of \$10.00 each month.

NURSING HOME CARE PROGRAM

COMMUNITY NURSING SERVICE OF ESSEX AND WEST HUDSON

General Assistance clients who are unable to care for themselves due to physical incapacity are eligible to receive nursing home care from the Community Nursing Service of Essex and West Hudson, formerly known as the Visiting Nurse Association.

After nursing care has been recommended by the client's attending physician and the client has received the service, payment is authorized through the Social Caseworker staff in accordance with the regulations in the General Assistance Manual.

The procedure for payment has been established jointly by the Division of Public Welfare and the Community Nursing Service of Essex and West Hudson.

Payments are made monthly by this Division directly to the vendor for professional services rendered to active General Assistance clients.

During 1973 the hourly rate for nursing home care increased from \$12.60 to \$13.23. The total amount paid for the year to the Community Nursing Service of Essex and West Hudson was \$11,127.47

## RESOURCES AND LEGAL SERVICES UNIT

This Unit makes determination regarding the legal settlement of Welfare clients, in accordance with the State Division of Public Welfare General Assistance Regulations, answers inquiries from other Welfare departments and service agencies, and assists transients who need emergency transportation or housing.

A client's legal settlement is governed by his residence history and its determination is extremely important because no matter where the client presently resides, the responsible municipality as determined by the application of State statutes, must bear the cost of the assistance given to him.

Information to assist in establishing responsibility is provided by the Newark Division of Public Welfare to other municipalities, and by other municipalities to Newark. After investigation of the facts alleged in each case, settlement is either acknowledged or protested by the Municipal Welfare Director. When an acknowledgement is not received within the statutory 30 day time limit, or when settlement is disputed, the case is referred to the State Division of Public Welfare, Department of Institutions and Agencies in Trenton for decision.

Newark is reimbursed by the State for General Assistance as follows:

State Non-Settled cases:	New Jersey	80%
	Newark	20%
Transients (Non-State):	New Jersey	80%
	Newark	20%

COMMENTS REGARDING SETTLEMENT CASES  
INVOLVING INTRA AND INTER STATE ACTION

1. During the 12 month period ending December 31, 1973, the Family Service Section referred 357 intra-state cases involving settlement questions. This compares with 384 cases in 1972.
2. Of these 357 cases, 179 were determined to have settlement in New Jersey municipalities other than Newark and those municipalities were so notified. This compares with 238 cases in 1971. Of these 179 cases 93 concerned clients participating in the three drug rehabilitation programs located in Newark.
- 2a. Of the above 179 cases, acknowledgements were received for 163 cases. This compares with 119 cases in 1972. This figure includes 10 cases that were initially protested, were referred by us to Trenton, and were determined by Trenton to be the responsibility of the other municipalities.
- 2b. Of the above 179 cases, 16 were protested by the other municipalities. This compares with 48 cases in 1972. Of these 16 cases, 10 were determined by Trenton to be the responsibility of the other municipalities, and 6 were determined by us or by Trenton, to be Newark responsibility.
3. We were notified by other municipalities of 327 alleged with Newark settlement. This compares with 334 cases in 1972.
- 3a. After settlement investigation 274 of the above cases were acknowledge as having Newark settlement. This compares with 314 in 1972. Only rarely did another municipality find it necessary to refer a case to Trenton due to our failure to respond within the statutory time limit.
- 3b. Of the above 327 cases, 53 were protested by Newark. This compares with 48 in 1972. Of these, 15 were subsequently determined to have Newark settlement.
4. During 1973 we processed 501 non-state cases with the State Division of welfare in Trenton. This compares with 334 cases in 1972. Of these 501 cases, 21 were hospital cases.
5. At the close of 1973, we had 341 non-state cases active in our files. This compares with 260 cases in 1972.
6. During 1973 we received 95 inquiries regarding either present or former Newark residents. This compares with 123 inquiries received in 1972. These inquiries concerned requests for social, economic, agency and settlement information.

7. During 1973, 72 cases were processed for the purpose of returning individuals to their last place of residence. This compares with 78 cases in 1972. After an interview with each person and a review of each case, it was determined that it was in the best interest of the individuals and City of Newark to provide transportation and expense money rather than to accept the case for Family Services.
- 7a. Of the 72 cases, 68 were determined to be reimbursable by New Jersey. This compares with 70 cases in 1972.
8. During 1973, 57 individuals were provided with \$1.00 to \$10.00 for transportation from Newark to other municipalities within New Jersey after they had for various reasons become stranded in Newark. This compares with 62 such cases in 1972.
9. During 1973, the Resources and Legal Settlement Section serviced 6 nursing home cases which were found to be ineligible by the Essex County Welfare Board for Disability Assistance. This compares with 6 cases in 1972.



SETTLEMENT CASES INVOLVING INTER-AND INTRA-STATE ACTION DURING  
1969, 1970, 1971, 1972, AND 1973 : A 5-YEAR COMPARISON

		<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
1.	Intra-State settlement questions	92	206	375	384	357
2.	Allegations sent by Newark D.P.W.	55	155	329	238	179
2A.	Acknowledgments received in response to #2	44	127	222	219	163
2B.	Protests received in response to #2	11	28	107	48	16
3.	Allegations received by Newark D.P.W.	340	252	288	334	327
3A.	Acknowledgments sent in response to #3	320	236	259	314	274
3B.	Protests sent in response to #3	20	26	29	48	53
4.	Non-State cases referred to Trenton	270 (52-H)	138 (34-H)	145 (17-H)	334 (15-H)	501 (21-H)
5.	Non-State cases active in files	135	276	239	260	341
6.	Inquiries received RE: former Newark residents	355	131	143	123	95
7.	Transients returned to other states	84	130	122	78	72
7A.	Non-State reimbursable transients (of #7)	6	58	115	70	68
8.	Intra-State transients	235	410	380	68	57
9.	Nursing home cases ineligible for ECWB-DA	-	6	2	6	6

TRANSIENT AND NON STATE TRANSPORTATION CASES  
DURING 1973

CARRIAGE - GREEN CAR, etc.

DATE	CASE NO.	DEST. NAME	DATE	CASE NO.	DESTINATION
11/7/73	N 27,821	Sarasota, Wis.	6/11/73	N 25,116	Los Angeles, Calif.
11/2/73	N 18,935	N. Liverpool, Ohio	5/20/73	N 18,488	Nashville, Tenn.
11/9/73	N 27,672	No. Carolina	5/25/73	N 25,739	Gambridge, Mass.
11/16/73	N 27,943	Thomson, Ga.	5/1/73	N 25,437	Washington, D.C.
11/19/73	N 27,969	Newburgport, Mass.	5/8/73	N 25,330	Daphn, Ala.
11/26/73	N 27,718	Indianapolis, Ind.	5/17/73	N 25,642	Washington, D.C.
11/2/73	N 27,798	Indianapolis, Ind.	5/22/73	N 25,684	Philadelphia, Pa.
11/5/73	N 27,828	Vineyard, N.Y.	5/23/73	N 25,723	Charlotte, N.C.
11/27/73	N 28,441	Norfolk, Va.	5/24/73	N 25,730	Chesapeake, Va.
11/28/73	N 28,062	St. Louis	4/10/73	N 25,272	Memphis, Tenn.
10/5/73	N 27,475	Dallas, Texas	4/30/73	N 25,424	New York, N.Y.
10/24/73	N 27,672	No. Carolina	3/8/73	N 24,216	Denver, Colo.
10/31/73	N 27,769	Dayton, Ohio	3/8/73	N 24,217	Denver, Colo.
9/27/73	N 27,672	Pittsfield, Mass.	3/8/73	N 24,218	Denver, Colo.
9/17/73	N 27,449	Cincinnati, Ohio	3/9/73	N 24,324	Warboro, Mass.
9/18/73	N 27,431	Baltimore, Md.	2/21/73	N 23,984	Norfolk, Va.
9/26/73	N 27,244	Pittsfield, Mass.	2/21/73	N 23,994	Lumberton, N. Car.
9/27/73	N 27,354	Baltimore, Md.	2/22/73	N 24,041	Columbus, Ohio
8/15/73	N 26,000	Milwaukee, Wisc.	2/26/73	N 24,045	Wichita, Kan. Car.
7/27/73	N 26,539	Buffalo, N.Y.	2/26/73	N 24,063	San Diego, N. Mexico
7/9/73	N 26,249	Phila, Pa.	1/11/73	N 16,569	Harrisburg, Pa.
7/10/73	N 26,264	" "	1/11/73	N 23,430	Providence, R.I.
7/18/73	N 26,340	Detroit, Mich.	1/22/73	N 23,581	Boston, Mass.
7/23/73	N 26,590	Tampa, Fla.	1/22/73	N 23,580	Boston, Mass.
7/24/73	N 26,447	Phila, Pa.	1/31/73	N 23,720	Savannah, Ga.
7/24/73	N 26,464	Montgomery, La.			
7/25/73	N 26,502	Lumberton, N. Car.			
7/25/73	N 26,503	Tampa, Fla.			
6/21/73	N 26,055	Wadesboro, N. Car.			
6/21/73	N 26,131	Texas			
6/28/73	N 7,714	Salem, Mo. Car.			
6/8/73	N 25,886	Dallas, Texas			

TRANSIENT REGULAR RET. SURVEILLABLE

2/26/73 N 13,015 Pensacola, Fla.

# TRANSIENT AND NON STATE TRANSPORTATION CASES

DURING 1973

Source - District Headquarters

<u>DATE</u>	<u>CASE NO</u>	<u>DESTINATION</u>
7/27/73	N 26,539	San Juan, P.R.
4/30/73	N 19,487	San Juan, P.R.
10/17/73	N 2,379	San Juan, P.R.
3/9/73	N 20,076	Villalba, P.R.

## TRANSPORTATION OF N.J.

12/18/73	N 28,301	Jacksonville, Fla.
12/26/73	N 28,344	Chicago, Ill.
11/7/73	N 27,834	Baraboo, Wis.
1/2/73	N 18,935	E. Liverpool, Ohio
11/9/73	N 27,672	No. Carolina
11/16/73	N 27,923	Thomson, Ga.
11/19/73	N 27,969	Newburgport, Mass.
11/26/73	N 27,718	Minneapolis, Minn.
11/2/73	N 27,798	Indianapolis, Ind.
11/5/73	N 27,818	Vineland, N.J.
11/27/73	N 28,049	Norfolk, Va.
11/28/73	N 28,062	St. Louis

## Other CAR

3/19/73	N 24,785	So. Carolina
3/19/73	N 24,786	Columbia, So. Car.
5/15/73	N 25,602	Decatur, Ill.

### CENTRAL CLEARANCE SECTION

The Central Clearance Section is a centralized clearing center for the Newark Division of Public Welfare. It is also a repository for all of its closed case records.

This division of the agency maintains an up-to-date Master Card Unit for pending, active, closed and rejected cases. Master cards on legal settlement and burials are also kept. The cards include pertinent case data such as applicant's name, address, birthdate, place of birth, welfare case number, social security number, date application was filed, date approved or rejected, and date closed.

Case records are compiled from applications received from the Intake Section. The information is recorded on transmittal sheets and routed to the caseworkers via their supervisors after it is recorded on master cards. This service is of the utmost importance, and must be provided on a daily basis.

This section clears telephone inquiries and letters, accommodates and services other agencies throughout the City and county such as the Essex County Welfare Board, Newark Housing Authority, Newark Board of Health, Newark Police Department, Martland Hospital Unit, and other related departments.

When cases are returned to the Central Clearance Section as closed, the records are verified, recorded and then filed in the closed files in proper order.

This section assists the caseworkers and supervisors not only in pulling closed records from the files but also in checking and verifying requested information.

Posting openings, closings, rejects, changes of addresses, case re-assignments, transfers, etc. on master cards so that all information is up to date, is a continuous operation in this division.

The statistical report which follows represents a breakdown of each operation of the Central Clearance Section for the year.

## CENTRAL CLEARANCE SECTION

## STATISTICAL REPORT

INTAKE APPLICATION CLEARANCES	INTAKE	SPECIAL CLEARANCES	FILE MAINTENANCE	FILE OPERATIONS	TOTAL
New	3,841				
RE-opens	1,944				
Martland Hosp. Cases	284				6,069
<u>HOMELFSS</u>					
New	1				
Reopens	1				2
Burials	187				
O.T.I. (Leg. Set.)	464				651
Community Nursing Service	228				
Nursing Home	68				296
<u>SPECIAL &amp; MISC. CLEARANCES</u>					
Old Age Assistance		101			
Disability Assist. (Grants & Denials)		532			
Aid to Dependent Children (Grants & Denials -		403			
Commission for the Blind		4			
Housings		271			
Information Clearances (P'one calls incl.)		14,720			
Miscellaneous Clearances		7,773			23,804
<u>FILE &amp; MAINTENANCE-071s (462n-4,75s)</u>					
New			3,614		
Reopens			1,873		
Closed (Misc. #664 Rejects #1,232 Clo. #4,620)			6,516		
Misc. Changes			1,889		
Address Changes			2,142		16,034
<u>CLOSED FILE OPERATIONS</u>					
Cases Pulled				5,487	
Cases Filed				6,520	

Number of Searches made for year 1973

93,712

# STENOGRAPHIC UNIT

The Stenographic Unit has the responsibility of performing numerous and varied assignments, such as the transcription of complete recorded case histories, typing of correspondence and detailed clerical work for the General Assistance Program of the Division of Public Welfare.

The Unit receives all social case studies upon completion of the investigation and evaluation of the application for Public Assistance by the Social Caseworker, it is then set-up in chronological order, and the typing of various letters and forms sent out to substantiate eligibility for financial aid.

The Financial books of the Division of Welfare are closed each month and the Unit is required to submit a monthly report of pending cases, a list of active cases due for dictation during the current month, and a list of the Caseworkers' previous dictation.

A report covering a three year period of the work output of this Unit is listed below.

	1971	1972	1973
Openings, Reopenings, and Rejects	8,101	4,599	7,191
Chronological Summaries	11,067	8,032	1,601
Closings (Typed)	10	1	7
Out-of-Town Summaries	41	34	14
Additional Information	137	55	92
Reinstatements	72	80	36
Transfers	941	935	497
288 Forms	125	264	375
462A Closings	4,599	4,913	4,428
Employment Clearances	2,812	2,437	2,797
Relative Contact Letters	587	199	758
Miscellaneous Letters	221	138	193
Home Investigations	---	---	1,059
Reinvestigations	---	---	111
Fraud Cases	---	---	6

TABLE OF ORGANIZATION

DIVISION OF WELFARE

STATE DIVISION  
OF PUBLIC WELFARE

MAYOR

LOCAL ASSISTANCE  
BOARD

DIRECTOR OF HEALTH  
AND WELFARE

DIRECTOR OF WELFARE

ANALYST FOR  
RESOURCES MANAGEMENT

PROJECT FOR OPERATIONAL  
SERVICES

FINANCE &  
ACCOUNTING

PUBLIC INFORMATION  
COMMUNICATIONS  
STAFF TRAINING

STAFF  
SERVICES  
PERSONNEL  
RECEPTION  
STENOGRAPHIC UNIT  
RECORDS & DOCUMENTS

INVEST.  
UNITS

SOCIAL  
REHABILI-  
TATION

SPEC. SERVICES  
LEGAL SETTLEMENT  
DOMESTIC REL.  
ECWB LIAISON  
BURIALS  
RELOCATION  
DRUG UNIT  
COMMUNITY NURSING  
HOMES

NEWARK CIVIL DEFENSE AND DISASTER CONTROL  
EMERGENCY WELFARE SERVICE SECTION

1973 was again a year of much activity for the Welfare Service. Our programs were complete and successful. There are many new programs now in the planning stage.

Our activities are coordinated with the Board of Education, Fire Department, Police Department, American Red Cross, Salvation Army, Newark Housing Authority, Civil Defense, Newark Division of Public Welfare, Essex County Welfare Board, and other related agencies.

Our division serviced in excess of 200 disasters, which affected 1500 or more residents of Newark. With the cooperation of the Newark Disaster Coordinating Committee, all victims made homeless were housed, fed and clothed. The Red Cross, Housing Authority and other agencies were supplied with a total of 900 cots and 800 blankets for the use of fire victims, and for related community meetings and activities.

Our Emergency Welfare Depots were inspected during the past year, and we now will exchange our food supply with New Jersey Martland Medical Center.

There are 1550 volunteers enrolled in our service, who have contributed 500 or more man hours.



GOALS AND OBJECTIVES

1974

DIVISION OF HEALTH  
HEALTH PROJECTS  
DIVISION OF INSPECTIONS  
DIVISION OF WELFARE

DEPARTMENT OF HEALTH & WELFARE  
DIRECTOR'S OFFICE  
1974 GOALS AND OBJECTIVES

Goal #1

Reorganize the Department of Health and Welfare in an effort to more effectively discharge the statutory requirements of the Department, and to accommodate new and expanded projects funded by Federal, State and City monies.

Objectives

1. To develop an internal organization for administration that will effectively manage the present and proposed planned variation and federally funded projects, by January 20, 1974.
2. To develop a staffing pattern to optimally support the new organizational structures for divisions and projects, by January 20, 1974.
3. To review and evaluate existing personnel as well as recruit new employees to fill new positions, by February 1, 1974.
4. To establish a project management unit for translating program plans and strategy into operational project designs, by January 15, 1974.
5. To periodically review organizational operations making appropriate changes on an on-going basis, by April 1, 1974.

Goal #2

Upgrade the quality of services to the community by establishing levels of performance, productivity standards, and instituting a system of quality control.

Objectives

1. To evaluate the performance of staff on the basis of 1974 objectives and other related criteria, by February 15, 1974.
2. To develop and identify specific programs to improve individual performance, by March 1, 1974.
3. To develop productivity standards for each division and project and establish criteria for measurement, by February 1, 1974.
4. To institute an improved employee performance evaluation system, by April 1, 1974.

5. To design procedures for monitoring services by establishing specific reporting requirements to insure quality control, by February 1, 1974.

### Goal #3

Increase services provided by divisions and projects by systematically identifying needs, performing problem analysis and appropriate planning to maximize the use of available resources to optimize the delivery of services.

### Objectives

1. To develop standard operating procedures for each bureau and divisional unit, by March 15, 1974.
2. To establish a complaint processing system for each division and project, by February 1, 1974.
3. To provide for the coordination of services across divisions with a view toward the delivery of multi-units of service
4. To develop a mechanism for using available community resources and services as a way to increase department services.
5. To utilize the health planning agency as a supportive unit to gather and analyze data, determine needs and recommend priority service areas.

### Goal #4

Development of management services and information systems for the purpose of controlling, simplifying and accelerating work flow, improving manpower utilization and streamlining organizational activities and services.

### Objectives

1. To develop management information systems to improve reporting, analysis of data and decision making, by January 15, 1974.
2. To perform cross-division analysis to improve manpower utilization by cross-training and upgrading of personnel, by June 1, 1974.
3. To develop resource planning and management to ensure improved program control, evaluation and cost control.
4. To assure appropriateness of organization in terms of work load trends and program emphasis.
5. To analyze present operations with a view toward automation, data processing and computer programming.

#### Goal #5

Work toward the development of a comprehensive health delivery system utilizing both public and private resources.

#### Objectives

1. To establish a network of ambulatory care centers linked horizontally and vertically with back-up facilities.
2. To utilize existing health facilities wherever feasible and expand to medically scarce areas, by June 1, 1974.
3. To improve health service districting policies and practices and establish inter-department use of census tract data.
4. To utilize the Health Services Commission as the vehicle for maximizing health care delivery.
5. To develop a community health education unit to increase the level of concern about personal health.
6. To maintain continuous involvement in the planning and implementation of the Medicaid Waiver Project.

DIVISION OF HEALTH

GOALS - 1973-74

- I. To significantly reduce the incidence of syphilis, gonorrhea and other venereal diseases in the community.
- II. To significantly reduce the infant mortality rate, and its associated problems.
- III. To reduce and control the reservoir of infectious tuberculosis cases.
- IV. To significantly reduce the cases of childhood lead poisoning through screening and preventive measures.
- V. To expand city laboratory services to provide the necessary support for bureaus and agencies which require routine laboratory analysis.
- VI. To upgrade and improve dental services.
- VII. To expand health education and nutrition service programs.
- VIII. To provide consumer protection in the production, processing, transportation, preparation, serving and storing of all foods, food products and drugs.
- IX. To control and prevent the spread of communicable diseases and animal born diseases such as rabies.
- X. To strengthen management and administrative controls and procedures in order to increase accountability and productivity.
- XI. To refine and upgrade existing nursing programs in order to provide quality service for Newark residents.

### Goal #1

To significantly reduce the incidence of syphilis, gonorrhea and other venereal diseases in the community.

#### Objectives

1. To upgrade treatment facilities by relocating clinic to renovated premises by January 1, 1974.
2. To establish a V.D. hot line in conjunction with other community health agencies to provide advice and guidance on V.D. problems by February 1, 1974.
3. To provide increased case follow-up on positive cases by March 1974.
4. To conduct an intense health education campaign to educate the public about the dangers and the symptoms of venereal diseases.

### Goal #2

To significantly reduce the infant mortality rate and its associated problems.

#### Objectives

1. To increase the attendance at Child Health Stations from present levels by at least 10% through the use of a mass media campaign to make the public more aware of clinic services by August 1974.
2. To establish sick baby and children clinics in addition to well baby care by November 1974.
3. To find better locations for at least 3 child health conference sessions by October 1974.
4. To cooperate with the State in setting up immunization programs for the pre-school child.

### Goal #3

To reduce and control the reservoir of infectious tuberculosis cases.

Division of Health  
Goals and Objectives  
Page 2

1. To have a full field staff of fifteen individuals and one first line supervisor with forty classroom hours of CDC acceptable "proper" field follow-up procedure by September 1974.
2. To hire 4 additional staff members (one nurse, one field worker, and two health aides) to pursue and promote such areas as school reactors, pre-school skin testing, community social and employment groups skin testing by September 1974.
3. To have available by September 1974 a large enough trained field staff (14) that community information presentations can be made on a forty-eight hour notification.
4. To provide two liaison individuals to the public school system who will pursue the reactor programs to provide that 80% of all known associates to reactors are under medical supervision within four weeks after notification by the school, with a deadline for implementation of second semester school year 1974-75.
5. To further reduce the active cases delinquents from the present thirty-nine to fifteen and the total number of cases from the present two hundred and fifty-eight (258) to less than one-hundred (100) by September 1974.
6. To have 90% of all known positive on chemo-therapy with adequate follow-up to demonstrate that the individual is taking his medication daily.
7. To have trained with forty classroom hours, a clerical staff which handles patients, to obtain adequate information from patients for proper field follow-up as may be demonstrated by field staff's ease in locating individuals.
8. To return to complete treatment 70% of all inactive cases previously deleted from the register who have not completed 24 months of documented treatment and could still breakdown with active disease by December 1974.
9. To have provided funds (10,000) to supplement those provided by the American Lung Association to provide a "crash" community awareness program by the mass media in February 1974.
10. To have a reactor follow-up program which will provide that 90% of all known reactors to lcc of PPD as administered by the mantoux test be under medical supervision by September 1974.

Division of Health  
Goals and Objectives  
Page 3

Goal #

To significantly reduce cases of childhood lead poisoning through screening and preventive measures.

Objectives

1. To screen 12,000 children living in the lead belt area for lead poisoning by June 30, 1974.
2. To expand the lead project target area by June 1, 1974.
3. To acquire and equip a second mobile van for screening in the target area by January 1, 1974.
4. To continue in-service training for program staff in 1974.
5. To integrate the lead project health education program with the rodent and insect control program by January 1, 1974.
6. To complete staffing of office and field personnel by March 1, 1974.
7. To increase public awareness of the program through increased publicity (via newspapers, radio, flyers, etc.) by April 1, 1974.
8. To develop better methods for relocating lead poisoned children by July 1974.

Goal #5

To expand city laboratory services to provide the necessary support for bureaus and agencies which require routine laboratory analysis.

Objectives

1. To provide a comprehensive laboratory system to support the food and drug inspectors by performing analysis of meat, poultry and dairy products and food analysis, both chemical and bacteriological by February 1, 1974.
2. To provide water analysis for drinking water and swimming pool water (both City and private pools) by June 1974.



Division of Health  
Goals and Objectives  
Page 4

3. To continue to analyze paint chips samples to determine lead content above the 1% level by January - December 1974.
4. To continue to render service to all City institutions, community groups, hospitals, private doctors, family planning institutions (Essex) providing services such as premarital serology, prenatal serology by January - December 1974.
5. To continue to render services to the T.B. clinic in the field of hematology, urinalysis and blood chemestries; also clinics which serve medically indigent patients by January - December 1974.
6. To increase the staff by one qualified bacteriologist and one qualified chemist by January 1, 1974.
7. To improve and expand the chemistry and bacteriology department and to update and improve present equipment by August 1, 1974.

Goal #6

To upgrade and improve dental services.

Objectives

1. To obtain sufficient numbers of competent professional staff to fill existing vacancies by June 1, 1974.
2. To obtain adequate amounts of modern equipment to upgrade physical facilities by September 1, 1974.
3. To establish a program of dental education in the schools by January 30, 1974.
4. To establish a program to upgrade patient flow through the various clinics by May 1974.
5. To structure a supervisor site visit to each of the satellite dental clinics at least once a month by April 1, 1974.

Goal #7

To expand health education and nutrition service programs.

Objectives

1. To develop a comprehensive health education program for the City by July 1974.

Division of Health  
Goals and Objectives  
Page 5

2. To establish relationships between the Health Division and other health agencies serving the health needs of the community by September 1973.
3. To begin serving as a resource person in health education to both the Health Division and community agencies by January 1, 1974.
4. To assess the health education needs for each bureau within the Health Division by February 1, 1974.
5. To develop plans for in-service training for Health Division staff members by May 1974.
6. To develop a clearing house for information on general public health programs and specific services within the Health Division by March 1, 1974.

Goal #8

To provide consumer protection in the production, processing, transportation, preparation, serving and storing of all foods, food products and drugs.

Objectives

1. To increase the number of first grade licensed inspectors by 5 additional men by July 1, 1974.
2. To conduct a food protection program which includes the sampling of various beverages, meats, and milk for the consuming public by March 1974.
3. To motivate five meat inspectors to begin necessary measures to secure a state first grade sanitary license by June 1, 1974.
4. To provide adequate office space and equipment for each inspector by May 30, 1974.
5. To conduct monthly staff performance evaluations, by designing and implementing a work standard and performance review process with appropriate measures for documentation and review by May 1, 1974.

Goal #9

To control and prevent the spread of communicable diseases and animal borne diseases such as rabies.

Objectives

1. To maintain strict control and surveillance over communicable disease problems in the Newark area and to eliminate or reduce them to the lowest number of cases of 100% preventable disease by December 1, 1974.
2. To reduce by 50% the number of non-immunized, and under immunized children through mass immunizations programs.
3. To insure safe and clean swimming pool water through monthly inspections and chemical analysis by August 1974.
4. To obtain at least 3 additional qualified sanitary inspectors by October 1974.
5. To replace obsolete vehicle equipment for carrying samples by June 30, 1974.
6. To conduct monthly staff performance evaluations by designing and implementing a system of daily work standards and daily productivity reports by June 1974.
7. To conduct a drive to inform dog owners of the need to have their dogs licensed and vaccinated for rabies, utilizing the news media, flyers and notices issued by the dog wardens by May 30, 1974.
8. To provide closer supervision and coordination of the dog warden's activities to insure that all areas of the City receive adequate dog control services by March 1, 1974.

## NEWARK HEALTH PLANNING AGENCY

### 1974 GOALS AND OBJECTIVES

#### Goal #1

To involve community consumers and providers in overall comprehensive health planning for the City.

#### Objectives

1. To plan and implement the third Annual Comprehensive Health Planning Workshop by December 1974.
2. To write the first draft of the 1975 Comprehensive Health Plan for the City at the workshop session with input of local consumers and providers by November 1974.
3. To develop and circulate a bi-monthly health Planning Newsletter.
4. Develop 1974 Statistical Chart Book by November 1974.
5. To develop at least 4 informative publications for distribution throughout the community by December 1974.
6. To fully implement the use of the Newark Health District Plan throughout the entire Department of Health & Welfare by December 1974.

#### Goal #2

To develop funding proposals which address themselves to the critical health needs of the Newark community.

#### Objectives

1. To develop a proposal to secure federal and state funds for a geographically coded health information system by December 1974.
2. To develop a proposal to secure funds for a health manpower inventory and analysis by November 1974.
3. To assist all federally funded projects in writing their re-funding applications.
4. To utilize the Health District Plan to pinpoint health service scarcity areas in the City.
5. To develop a developmental disabilities proposal by July 1, 1974.

Goal #3

To review and comment on all health proposals generating in Newark, seeking local, state and federal funds.

Objectives

1. To continue official review and comment tie in with the B Agency's Review Cycle.
2. To review all health proposals within the framework of the 1974 Comprehensive Health Plan.
3. To have all proposals reviewed by the Advisory Council.

Goal #4

To upgrade all environmental control service delivery programs and projects administered by the Department of Health & Welfare.

Objectives

1. To further develop the management by objectives system within all environmental control programs and projects throughout 1974.
2. To secure final disposition of the submitted Air Pollution Control proposal by July 1, 1974.
3. To develop data specifications for an environmental data registry by October 1974.
4. To implement the code enforcement procedures study by July 1974.
5. To meet with appropriate federal, state and local government officials regarding implementation procedures of the Occupational Safety and Health Act by December 1974.
6. To assist the Office of the Director in developing and implementing an effective in-service training program for all environmental control personnel by September 1974.

## LEAD POISONING PREVENTION AND CONTROL

### 1974 GOALS AND OBJECTIVES

#### GOAL

To significantly reduce, if not eliminate, cases of childhood lead poisoning in Newark.

#### OBJECTIVES

1. To screen 12,000 children during current year.
2. Continued treatment of children found to have high lead levels.
3. Continued in-service training program for staff.
4. Complete staffing of office and field personnel.
5. Increased publicity via newspapers, radio and other media.
6. Continued efforts toward relocation of lead poisoned children.
7. The integration of this program's health education effort with that of the Rodent and Insect Control Program.

## RSVP-RETIRED SENIOR VOLUNTEER PROGRAM

### 1974 GOALS AND OBJECTIVES

#### GOAL

To establish a viable mechanism that will promote senior citizen participation, in volunteer service of their seasoned experiences, to public and private non-profit agencies, community organizations and community projects.

#### OBJECTIVES

1. To advance a recruitment and marketing campaign for senior volunteers.
2. To reorganize the Advisory Council into a functional organization that will promote the development, maintenance and well-being of the program.
3. To initiate programs in the communities, organized and set forth by senior volunteers.
4. To involve senior volunteers in existing community projects i.e. Nutrition Program for the Elderly.
5. To be a major thrust in the celebration and initiation of activity during senior citizen month, May 1974.

## NUTRITION PROGRAM FOR THE ELDERLY

### 1974 GOALS AND OBJECTIVES

#### GOALS

1. To maintain and support the physiological, psychological and social well-being of the community's senior citizens by providing 1) one hot, nutritionally sound meal per day, five days per week and 2) to initiate social and rehabilitative support services.
2. To expand the service of the Nutrition Program for the Elderly to additional targeted sites, and initiate service to senior shut-ins and disabled.

#### OBJECTIVES

1. Increase the number of hot meals served to senior citizens through the expansion of the program in targeted areas.
2. Provide services, social and rehabilitative, to seniors at the nutrition sites, i.e. promoting intergenerational contact.
3. Initiate the development of a project council whose responsibilities will include:
  - advice in broad areas related to the delivery of nutrition and supportive social services.
  - support and assist with the development of the project's program.
  - a group representing and speaking for the participants.
  - a liaison between the project and the community.
  - a policy making body for specified decisions.
4. To extend outreach efforts to coincide with the development of volunteers to assist the senior citizens.
5. To eventually make meals available to senior shut-ins and disabled on a delivery basis.



## HEALTH SERVICES DELIVERY SUBSYSTEM

### 1974 GOALS AND OBJECTIVES:

- GOAL:** To develop an improved personal health care delivery system for Newark residents by maximizing availability, continuity and comprehensive quality health care services.
- OBJECTIVES:**
1. To organize care staff in a manner consistent with the functions and concepts of a central Management Unit to effectively administer and coordinate the Departments activities and responsibilities in the area of Community Health Services.
  2. To operationalize the Community health Information System - an automated computerized system allowing for convenient storage of vast data files, rapid retrieval and analysis of data related to health management needs, and health planning needs.
  3. To manage, coordinate and integrate programs in personal health care services; (1) W.I.C. (2) Hypertension Screening (3) Emergency Transportation System.
  4. To secure contract from the State Department of Institutions and Agencies to effectively implement the plan to monitor and evaluate the Medicaid Waiver Project as developed and designed in the proposal submitted by the Newark Comprehensive Services Plan (April 1974).
  5. To conduct a base line study to assess attitudes, behavior and needs of Newark residents concerning personal health care services: Target sample survey of 10,000 persons completed by June 1974.
  6. To continue to develop and strengthen linkages among Neighborhood Health Centers to effectively maximize the positive functional relationship which evolved from the formation of the network in our last action year.
  7. To continue to provide technical assistance to Neighborhood Health Centers.
  8. To continue to monitor and evaluate the operations of Neighborhood Health Centers relative to their productivity, quality of care, comprehensiveness of services, fiscal policy and management capabilities.
  9. To continue to provide staff capability and technical resources to the Newark Health Services Commission.
  10. To implement the plan to construct, equip, staff, and operate two new Neighborhood Health Centers by November 1974.
  11. To obtain funding for needed programs to fill gaps in the personal health care delivery system. Target \$2,500,000 (Family Planning, Mental Health) by July 1974.
  12. To establish and maintain a constant liaison with area wide educational institutions and other private, public and voluntary agencies, so that mutually reinforcing efforts in health care are undertaken.

## 1974 GOALS AND OBJECTIVES

### RODENT & INSECT CONTROL

#### Function Area 1 - Central Control

##### GOAL

To effectively administer the Rodent & Insect Control Project throughout fiscal year 1974.

##### OBJECTIVES

1. To implement the management by objectives system within all components of the Rodent & Insect Control Project throughout fiscal year 1974.
2. To thoroughly review and evaluate all functional area monthly reports by the 5th day of the month following the reporting period.
3. To prepare and forward to the Office of the Director of Health a quarterly progress report by the end of each quarter in 1974.

#### Functional Area 2 - Clean-up

##### GOAL

To maintain clean streets and vacant lots in the target area throughout fiscal year 1974.

##### OBJECTIVES

1. To clean-up periodically 320 blocks in the target area by September 31, 1974.
2. To remove 3000 abandoned lots in the target area by December 31, 1974.

#### Functional Area 3 - Community Participation

##### GOAL

To encourage community participation in rodent and insect infestation control as well as other preventive health programs.

##### OBJECTIVES

1. To visit 19,860 families in target area by December 31, 1974.

Rodent & Insect Control  
Goals & Objectives  
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2. To organize 50 neighborhood improvement projects in target area by December 31, 1974.
3. To initiate environmental education program in 21 schools by December 31, 1974.
4. To conduct 900 community participation supervisory visits by December 31, 1974.

Functional Area 4 - Extermination

GOAL

To further reduce and control the level of rodent and insect infestation in statistical area, target area or health district as assigned.

OBJECTIVES

1. To bait 800 sewers by December 31, 1974.
2. To bait 26,000 premises by December 31, 1974.
3. To conduct 370 extermination component supervisory visits by December 31, 1974.

Functional Area 5 - Code Enforcement

GOAL

To enforce all municipal environmental control ordinances that relate to rodent and insect infestation throughout 1974.

OBJECTIVES

1. To follow-up all inspection referrals within 5 days of the referral throughout 1974.

## COMMUNITY HEALTH INFORMATION SYSTEM

### 1974 GOALS

#### GOALS (Immediate)

1. Proceed with the development and implementation of a short-term systems improvement (plan) program.
2. Develop a master plan and schedule for the development a Management Information System for the entire Department of Health and Welfare and obtain the necessary action to implement the plan.
3. Establish the necessary data processing interface for the development and implementation of the master MIS term.
4. Establish the appropriate organizational arrangements for the development of the Management Information System.

#### GOALS (Long-range)

1. To provide management with information on all significant economic, social and health related information as it relates to the City and as it relates to the entire Department of health and Welfare in order to enable management to plan ahead.
2. To provide a comprehensive management information system for control of the departments projects, programs, bureaus and divisional operations in accordance with the requirements to be specified for each level of management.
3. To provide information on the performance and plans of the health care providers.
4. To provide an information system to improve health care for the residents of Newark.

## 1974 GOALS AND OBJECTIVES

### ENVIRONMENTAL HEALTH

#### GOAL

To upgrade all environmental control service delivery programs and projects administered by the Department of Health and Welfare.

#### OBJECTIVES

1. To further develop the management by objectives system within all environmental control programs and projects throughout 1974.
2. To secure final disposition of the submitted Air Pollution Control proposal by July 1, 1974.
3. To develop data specifications for an Environmental Data Registry by October 1974.
4. To implement the code enforcement procedures study by July 1974.
5. To meet with appropriate federal, state and local government officials regarding implementation procedures of the Occupational Safety and Health Act by December 1974.
6. To assist the Office of the Director in developing and implementing an effective in-service training program for all environmental control personnel by September 1974.

## SUPPLEMENTAL FOODS FOR WOMEN, INFANTS AND CHILDREN

### WIC - 1974 GOALS AND OBJECTIVES

#### GOAL

To reduce the incidence of nutritional risk among a targeted population of Newark's women, infants and children by supplying supplemental foods containing nutrients and through nutritional education.

#### OBJECTIVES

1. To provide nutritious supplemental foods to a targeted 7,000 community women, infants and children, one to three years in age, who are determined to be at nutritional risk levels.
2. To provide nutrition education for the supplemental foods participants congruent with the development of nutritious diets.
3. To provide pre and post nutritional examinations of the program participants to determine the impact of the supplemental foods diet.

1974 GOALS AND OBJECTIVES  
MULTIPHASIC DRUG TREATMENT CENTER

GOAL

To provide a modality treatment for a targeted 2,000 drug addicts within the City of Newark. Five-hundred (500) participants at the Center will comprise direct referrals from the T.A.S.C. project.

Objectives

1. To establish a centralized intake and referral unit around the target population.
2. To screen each potential enrollee through health examinations and determination of modality of treatment.
3. To enroll addicts into one of the modalities of treatment; residential therapeutic, out-patient and counseling, methadone maintenance, and in-patient detoxification.
4. To contract various modalities of treatment to drug treatment and rehabilitative centers already in operation.

TASC - GOALS AND OBJECTIVES 1974  
TREATMENT ALTERNATIVES STREET CRIME

GOAL

TASC will provide treatment as an alternative to incarceration to approximately 500 selected drug addicts that have been arrested for drug or drug related crimes.

OBJECTIVES

1. To screen approximately 1,000 drug arrestees within Newark's central lock-up and precinct houses of the Police Department for entry into the program.
2. To interview arrestee program candidates and subsequent to favorable or unfavorable interview, recommendation to arraignment courts that arrestee be released into the custody of the T.A.S.C. project.
3. Intake of arrestee into the Multiphasic Drug Center for various analysis; a review by the College staff of the College of Medicine and Dentistry of New Jersey and referred to modality of treatment.



## DIVISION OF INSPECTIONS

### GOALS 1973-74

- I. To provide and maintain safe and sanitary housing conditions with reasonably enforced laws throughout 1974.
- II. To remove all unsafe, abandoned or hazardous structures and to eliminate health and fire hazards.
- IIII. To reduce the level of harmful pollutants and other environmental stresses associated with air pollution and industrial hygiene.
- IV. To reduce complaints to the Division of Inspections by residents of Newark.
- V. To provide educational, career and job opportunities for inspectors and increase effectiveness in the Division of Inspections.
- VI. To achieve and maintain air quality in the City of Newark of such character that will not be hazardous to the health of its citizens or destroy plant life or property.

## Goal #1

### Objectives

1. To achieve an average of 5.0 inspections required per Building Bureau permits, 2.3 inspections per Electrical permits, 2.6 inspections per Plumbing permits by December 31, 1974 To achieve an average of 25.0 Building inspections per man day in the Building Bureau, 25.0 Housing inspections per man day in the Code Enforcement Bureau, 15.0 inspections per man day in the Electrical Bureau, 22.0 inspections per man day in the Pl Plumbing Bureau, 10.0 inspections per man day in Air Pollution and Industrial hygiene, 100.0 inspections per man day in Weights and Measures Bureau and for all inspectors to complete 30 multiple dwelling inspections per man year by December 31, 1974.
2. Housing Inspections - include block to block program and multiple dwelling housing inspections.
3. Current Statistical Data -

#### Inspections Per Man Day

	<u>1971</u>	<u>1972</u>
Building Bureau	7.2	8.2
Code Enforcement Bureau	8.1	4.7
Electrical Bureau	1.9	2.1
Plumbing Bureau	10.0	12.1
Air Pollution-Industrial		
Hygiene	5.8	9.7
Weights & Measures	99.5	86.1

#### Inspections Per Permit -

	<u>No. of Permits</u>	<u>1972 Inspections</u>	<u>Insp. Per Permit</u>
Building Bureau	2330	12,327	5.2
Electrical Bureau	3604	6,877	1.9
Plumbing Bureau	516	10,657	2.6

## Goal # 2

### Objectives

1. To remove at least 700 unsafe, abandoned or hazardous structures in the City by December 31, 1973 at cost to the City not to exceed \$2,000,000.

2. To inspect all 4,218 vacant lots in the City of Newark twice a year for applicable code compliance by December 31, 1974, at a cost not to exceed 234 man days.

Alternative to Objective No. 1

To identify and refer at least 700 unsafe, abandoned or hazardous structures in the City to the City Department responsible for actual demolition at a cost not to exceed 233 man days.

Goal #3

Objectives

1. To inspect the estimated 700 incinerators in the City of Newark once every six months at a cost not to exceed 175 man days by December 31, 1974.
2. To inspect the estimated 4500 places of employment for compliance to the Industrial Hygiene Code in the City of Newark at a cost not to exceed \$157,000 by December 31, 1974.

Background

The Health Planning Agency of the City estimates there are 700 commercial and residential incinerators and approximately 1000 commercial industries.

Goal #4

Objectives

1. To reduce the monthly number of enforcement complaints by residents of Newark in 1974 by 20% when compared to the same month in 1973.

Background

Citizen input for benchmark evaluation of enforcement for Division of Inspections.

Division of Inspections  
Goals and Objectives  
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Complaints by or on behalf of the Residents of Newark - 1972

<u>Complaints Processing Bureau</u>	<u>Code Enforcement Housing</u>	<u>Air Pollution</u>	<u>Ind. Hygiene</u>	<u>Weights &amp; Measures</u>
(requests for legal action)				
Jan. 220	1049	34	4	3
Feb. 216	1084	32	3	2
Mar. 235	1090	23	3	2
Apr. 422	924	35	10	3
May (Not Applicable)				
Jun. 285	21	20	7	0
Jul. 274	0	32	35	5
Aug. 359	21	40	38	0
Sept. 292	120	22	10	4
Oct. 357	67	31	36	0
Nov. 425	-	15	12	6
Dec. 292	-	21	23	0

Goal #5

Objectives

1. To develop and implement an effective in-service program with the City Personnel Department for Cross Training between all Technical Operating Bureaus and to develop multi-inspectors in all enforcement bureaus by December 31, 1974, at a cost not to exceed \$10,000.
2. To complete a study of and implement recommendations of a systems and procedures study and incorporate approved changes in a Policies and Procedures Manual by June 30, 1974 at a cost not to exceed \$41,000.
3. To establish and maintain an operating program of inspection standards and to develop a uniform and meaningful reporting system for all bureaus by December 31, 1974.

Goal #6

Objectives

1. To compel compliance with the requirements of our recently revised Air Pollution Control Ordinance through inspection and strict enforcement thereby removing and/or reducing emissions to an irreducible minimum from the aforesaid sources.
2. To improve the salaries of air pollution control inspectors.
3. To confine the Air Pollution Control inspectors' duties to Air Pollution Control exclusively.
4. To attend inter-bureau monthly meetings.
5. To develop and process own Air Pollution complaints for court.
6. To develop a continual in-service training program for all Air Pollution Control personnel.
7. To acquaint the judges with the air pollution problem in the City of Newark.
8. To develop a source registration system for air pollutant emissions.
9. To develop an Air Pollution Control Public Relations Program in the Bureau of Air Pollution Control.
10. To develop an operation liaison with State and other local Air Pollution Control agencies and institutions.

## DIVISION OF WELFARE

### Goals and Objectives 1973-74

- I. To maximize productivity on a priority basis. Primary attention shall be directed towards formulating and implementing innovative concepts and theories in programmatic areas which produce greater efficiency and effectiveness.
- II. To develop and maintain a workable mechanism of management control. Adequate reporting, information flow and feedback are envisioned as a principle thrust in regulation operations to the internal and external environment.
- III. To strengthen the coordination and management of resources which will provide a directional impetus to agency performance improvement.

### Goal #1

To maximize productivity on a priority basis. Primary attention shall be directed towards formulating and implementing innovative concepts and theories in programmatic areas which produce greater efficiency and effectiveness.

#### Objectives

1. To increase agency-client services by more effective intra-departmental communications, reorganization of work procedures and by specialization of services and service areas to improve output and fix accountability at a cost of \$189,143 or 38,454 person hours by 12/31/74.
2. To provide increased health services, housing opportunities, job opportunities, and counseling on domestic problems by 12/31/74 at a cost of \$308,343 or 62,868 person hours.
3. To provide community awareness of the Welfare Division's Services by 12/31/74 at a cost of \$8,068 or 1716 person hours.
4. To assess, evaluate and upgrade service outputs at a cost of \$2,800 or 624 person hours, by 12/31/74.

### Goal #2

To develop and maintain a workable mechanism of management control. Adequate reporting, information flow and feedback are envisioned as a principle thrust in regulation operations to the internal and external environment.

#### Objectives

1. To improve quality and maintain control of records and reports by 12/31/74 at a cost of \$10,116 or 1950 person hours.
2. To improve the monitoring and coordination of inter-divisional units programmatic activities and outputs by 12/31/74 at a cost of \$2,800 or 312 person hours.

### Goal #3

To strengthen the coordination and management of resources which will provide a directional impetus to agency performance improvement.

### Objectives

1. To provide a mechanism for a multiple network of client services by 12/31/74 at a cost of \$2,800 or 312 person hours.
2. To provide greater training and educational opportunities to clients and staff by 6/1/74 at a cost to be provided through other resources.
3. To improve information among clients, staff, and other City departments and other social service agencies by 12/31/74 at a cost of \$206,209 or 36,426 person hours.